

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91578 039 \*\*\*150.00

**DOCUMENT # P94000008131**  
 1. Entity Name  
**TOY BUILDERS, INC.**

Principal Place of Business 13170-58 ATLANTIC BLVD. SUITE 153 JACKSONVILLE FL 32225	Mailing Address 13170-58 ATLANTIC BLVD. SUITE 153 JACKSONVILLE FL 32225
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3218350**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TOY, STANLEY R**  
**1555 N. CARBONDALE DR.**  
**JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOY, C. GEORGETTE</b> <b>1555 N. CARBONDALE DRIVE</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>TOY, STANLEY R</b> <b>1555 N. CARBONDALE DRIVE</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, T</b> <b>STANLEY R. TOY</b> <b>1555 N CARBONDALE DRIVE</b> <b>JACKSONVILLE, FL 32208</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MULLIGAN, JACL A JR</b> <b>5235 HERRING ROAD #14</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley R. Toy Date: 1-1-01 Daytime Phone #: 904-768-0218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

**ELECOMP IMPORT & EXPORT INC.**  
**692 WEST 29 STREET #9**  
**HIALEAH- FLORIDA-33012**  
**PHONE (305) 887-4185**

*Attachment  
A0009861*

*#P99000086814*

MAY 14, 2001

DEPARTMENT OF STATE

REF: DOCUMENT #P99000086814

THIS NOTE IS TO INFORM THAT DUE TO A FAMILY EMERGENCY I HAVE BEEN OUT THE COUNTRY FOR THE LAST TWO MONTHS AND WAS IMPOSSIBLE TO ME TO MAKE THE PAYMENT BECAUSE THE COMPANY WAS CLOSE DURING THIS TIME.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR OYUR HELP.

ATTE.

  
VALENTIN H. SALAZAR  
PRESIDENT

---