2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90036 046 ***150.00

DOCUMENT # P96000081570

1. Entity Name
TOLL FREE AMERICA, INC.

Principal Place of Business	Mailing Address
6684 A BOCA PINES TRAIL BOCA RATON FL 33433 US	6684 A BOCA PINES TRAIL BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4135 Georges Way	4135 Georges Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL.	City & State: Boca Raton, FL.
Zip: 33434 Country: U.S.	Zip: 33434 Country: U.S.

4. FEI Number 65-0700568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANISE, DALIA 6684 A BOCA PINES TR BOCA RATON FL 33433	Name: Anise, Dalia Street Address (P.O. Box Number is Not Acceptable): 4135 Georges Way City: Boca Raton FL Zip Code: 33434

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P ANISE, DALIA F. 6684 A BOCA PINES TRAIL BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dalia F. Anise 4135 Georges Way Boca Raton, FL. 33434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: By: Dalia F. Anise Dalia F. Anise, Pres 4/25/02 (561) 999-0273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #