


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91185 015 \*\*\*150.00

**DOCUMENT #** P99000013868

1. Entity Name  
**ST. AUGUSTINE TOY COMPANY, INC.**



Principal Place of Business      Mailing Address

**58 HYPOLITA**      **58 HYPOLITA**  
**ST.AUGUSTINE FL 32084**      **ST.AUGUSTINE FL 32084**

2. Principal Place of Business      3. Mailing Address

**33 King St.**      **33 King St.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**St. Augustine FL**      **St. Augustine FL**

Zip      Country      Zip      Country

**32084**      **St. Johns**      **32084**      **St. Johns**

4. FEI Number      Applied For

**59-3615903**       Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLEMING, ANDY**  
**58 HYPOLITA**  
**ST.AUGUSTINE FL 32084**

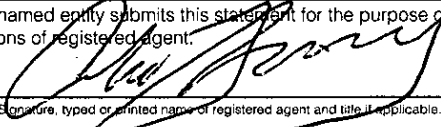
7. Name and Address of New Registered Agent

Name

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

**33 King St.**  
City **St. Augustine**      **FL**      Zip Code **32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **4/18/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>FLEMING, ROGER A</b>
STREET ADDRESS	<b>218 S. MATANZUS BLVD</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>FLEMING, KATHY</b>
STREET ADDRESS	<b>218 S. MATANZUS BLVD</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE **4/18/03**      DAYTIME PHONE # **904-829-3266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNIFORM UBR

CR2E034 (10/02)