

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # P95000064993

1. Entity Name

TOLY DIGITAL NETWORKS, INC.

FILED

00 SEP -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13901 US Highway 1 STE #7
Juno Beach, FL 33408

2. Principal Place of Business

3. Mailing Address

Juno Beach
Suite, Apt. #, etc.
#1

13901 US Highway 1
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Juno Beach

FL

4. FEI Number

65-0651749

Applied For

Not Applicable

Zip

Country

Zip

Country

33408

Palm Beach

33408

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK W SUTO
13901 US HWY 1 STE #1
SUITE 1
JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Mark Suto
Street Address (Box Number is Not Acceptable)
719 Pinehurst Way
Palm Beach Gardens FL 33418

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

Mark Suto

9/5/2000

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

Mark Suto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000 561-694-8655

Date

Daytime Phone #

CR2E034 (9/99)

2053

N. TAYLOR ENTERPRISES, INC.

96 Mayfair Lane
Boynton Beach, FL 33426
Telephone 561-965-8727
National 800-386-6789
Fax 561-967-3543

Accounting, Income Taxes and Tax Problem Resolutions

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
CERTIFIED NO. 7099-3400-0005-2237-1626

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Kathy

RE: Toly Digital Networks, Inc.
EIN 65-0651749

Dear Kathy:

Enclosed you will find the following documents for the above referenced business entity:

1. 2000 Uniform Business Report
2. My company check for \$150.00

Pursuant to my telephone conversation with Kathy in your office this date, we are submitting the enclosed information and our explanation as to the delay in my clients filing of this report. First of two things that happened, is my client thought they had made this payment in January 2000, however, it was for his other corporation, Florida US Digital. Second the state address for this business entity was incorrect. The timely filing of this annual registration was merely an oversight on the behalf of the business entity. We request that the late filing fee be waived and

Member of the National Society of Accountants

3043

this business information be updated and the 2000 registration be filed. We regret the oversight and if you will check your records you will see the business entity has filed timely each year in the past.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,



Nita Taylor
President and Accountant, for the firm

Enclosure

Member of the National Society of Accountants