Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 01, 2002 8:00 am Secretary of State 279987 DOCUMENT # 1. Entity Name E.J. TONEY INCORPORATED 04-01-2002 90037 044 ***150.00 Principal Place of Business Mailing Address 5175 BLANDING BLVD 5175 BLANDING BLVD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1052506 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name TONEY, E L Street Address (P.O. Box Number is Not Acceptable) 5175 BLANDING BLVD JACKSONVILLE FL 32210 Zip Code City FL nanging its registered office or registered agent, or both, in the State of Florida. 8. The above nay SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/01 Change ☐ Addition **PDST** ☐ Delete TITLE TITLE TONEY, E L NAME NAME ' STREET ADDRESS 2815 EVERCHARM PLACE STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CALDWELL, CHRISTINA M NAME STREET ADDRESS STREET ADDRESS 2810 GRAND AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 the empowered.