

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 460725**

1. Entity Name

**TONEY DRILLING SUPPLIES, INC.****FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90474 047 \*\*\*150.00

0121540

Principal Place of Business

**14060 NW 19TH AVE.  
OPA LOCKA FL 33054**

Mailing Address

**14060 NW 19TH AVE.  
OPA LOCKA FL 33054**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1549284**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TONEY, JANE W.  
14060 N.W. 19TH AVE.  
OPA LOCKA FL 33054-1112**

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

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TONEY, ROBERT C.</b>	
STREET ADDRESS	<b>14060 NW 19TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>TONEY, JANE W.</b>	
STREET ADDRESS	<b>14060 NW 19TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TONEY, DALE A.</b>	
STREET ADDRESS	<b>3926 PALMARITO ST.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, TERRY</b>	
STREET ADDRESS	<b>2438 SHOAL CREEK CT.</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LUNDELIUS, WALTER D</b>	
STREET ADDRESS	<b>9946 N.W. 49 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

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

12. 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		

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

TITLE	<b>ROBINSON, DARLENE VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2438 SHOAL CREEK CT</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/08/2001**

Date

**305 685 2453**

Daytime Phone #

CR2E034 (10/00)