

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22508

1. Entity Name

BILL TOY ASSOCIATES INC.

Principal Place of Business

% WILLIAM W TOY  
511 ANDROS LANE  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

% WILLIAM W TOY  
511 ANDROS LANE  
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-2065280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TOY, WILLIAM W  
511 ANDROS ALNE  
INDIAN HARBOUR BEACH FL 32937

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
TOY, WILLIAM W  
511 ANDROS LANE  
IND HARBR BCH, FL 00000

 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Change  Addition

TITLE  
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CITY-ST-ZIP

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 Change  Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Change  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:

William Toy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 321 773 5805

Date

Daytime Phone #

CR2E034 (9/01)