

2000 UNIFORM BUSINESS REPORT (UBR)

2/25/0

FILED

Jun 01, 2000 8:00 am
Secretary of State

02-05-2000 90028 020 ***150.00

DOCUMENT # F98000002586

1. Entity Name

SOFT TOYS, INC.

Principal Place of Business

159d
1429 MARS HILL RD. STE 100-B
WAYKINSVILLE GA 30677

Mailing Address

159d
1429 MARS HILL RD. STE 100-B
WAYKINSVILLE GA 30677-4836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2357669

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Powell, Ken~~ O'Neil Scott
 GUNEL, MIKE Scott
 3688-D HACIENDA BLVD
 DAVIE FL 33314
 3731 S.W. 47th Avenue
 Suite 404

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 date 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	☐ Delete
PCSD	O'Neil Scott	1010 Scott Terrace	3731 S.W. 47th Ave	☐
POWELL, KEN B	1010 Scott Terrace	3731 S.W. 47th Ave	DAVIE, FL 33314	☐
				☐
				☐
				☐
				☐
				☐
				☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #