

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90024 009 ***158.75

DOCUMENT # *H-20451*

1. Entity Name

TOJALI CORPORATION

DO NOT WRITE IN THIS SPACE

40053142

2. Principal Place of Business PO BOX 277		3. Mailing Address 133 S COLLIER BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C404	
City & State ZIRCONIA, NC.		City & State MARCO ISLAND, FL.	
Zip 28970	Country	Zip 34145	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2649115		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KALEEL & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
555 N CONGRESS AVE

SUITE 301
City
BOYNTON **FL** **Zip Code**
33426

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Myron L Brown 10365 Flatstone Loop Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Carole J Brown 10365 Flatstone Loop Bonita Springs, FL. 34135
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myron L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2008
Date

864-843-4328
Daytime Phone #