

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90252 001 \*\*\*\*\*8.75  
01-23-2003 90252 002 \*\*\*150.00

**DOCUMENT # H50601**

1. Entity Name  
**D. TOFFEL, INC.**



Principal Place of Business  
**P.O. BOX 7442  
JUPITER FL 33468-7442  
US**

Mailing Address  
**P.O. BOX 7442  
JUPITER FL 33468-7442  
US**

2. Principal Place of Business  
**15159 101<sup>ST</sup> TERR. N.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**JUPITER, FL.**

City & State

Zip Country  
**33478 USA**

Zip Country

4. FEI Number **59-2530538**

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**

**TOFFEL, DON  
15159 101ST TERR N  
JUPITER FL 33478**

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

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

**DON J. TOFFEL, DIRECTOR AND PRESIDENT**

**1-20-03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PS** ☐ Delete  
NAME **TOFFEL, DON**  
STREET ADDRESS **15159 101ST TERR N**  
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **TOFFEL, OLITA**  
STREET ADDRESS **15159 101ST TERR N.**  
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
**DON J. TOFFEL, DIRECTOR AND PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)