

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90160 021 \*\*\*\*50.00

**DOCUMENT # L01000000354**

1. Entity Name

**TONER TYPE INVESTMENTS, LLC**

Principal Place of Business

9238 LAZY LANE  
 TAMPA FL 33614

Mailing Address

9238 LAZY LANE  
 TAMPA FL 33614

2. Principal Place of Business

**6101 JOHNS RD.**

3. Mailing Address

**6101 JOHNS RD.**

Suite, Apt. #, etc.

**SUITE #5**

Suite, Apt. #, etc.

**SUITE #5**

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

4. FEI Number

**59-3697459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAVER, CLYDE C IV**  
**9238 LAZY LANE**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6101 JOHNS RD.**

**SUITE #5**

City

**TAMPA**

**FL**

Zip Code

**33634**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **SHAVER, CLYDE C IV**  
 STREET ADDRESS **9238 LAZY LANE**  
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6101 JOHNS RD. STE #5**  
 CITY-ST-ZIP **TAMPA, FL 33634**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)