

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 039 ***150.00

DOCUMENT # L61242

1. Entity Name

Tonamy, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3071 n. orange Blossom Tr.

Suite, Apt. #, etc.

Ste A

City & State

Orlando, Florida

Zip

32804

Country

US

3. Mailing Address

3071 n. orange Blossom Trail

Suite, Apt. #, etc.

Ste A

City & State

Orlando, Florida

Zip

32804

Country

US

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4. FEI Number

59-2998987

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony Laszalc

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

3071 n. orange Blossom Tr. Ste A

City

Orlando

FL

Zip Code

32804

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

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD
Anthony Laszalc
1365 Villa Lane Apt 33
Apopka, FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VS
Amy Laszalc
1070 Forest Dr.
Tavares, FL 32778

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Amy Laszalc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

Daytime Phone #

CR2E034B (12/02)