

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006238

FILED
Apr 29, 2003
Secretary of State

Entity Name: TOYS FOR TYKES, INC.

Current Principal Place of Business:

413 W. LAKESHORE DRIVE
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

413 W. LAKESHORE DRIVE
STARKE, FL 32091

New Mailing Address:

FEI Number: 82-0559959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHROP, TINA
413 W. LAKESHORE DRIVE
STARKE, FL 32091

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORTHROP, TINA
Address: 413 W. LAKESHORE DRIVE
City-St-Zip: STARKE, FL 32091

Title: VD (X) Delete
Name: BROWN, MARY
Address: 175 W. MAIN STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD () Delete
Name: BOWEN, SHELLY
Address: 1722 NE 154TH STREET
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: ALVAREZ, SHERREE
Address: ROUTE 4 BOX 277
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ALVAREZ, SHERREE
Address: 11167 NW C.R. 225
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA NORTHROP

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date