

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90220 034 ***150.00

DOCUMENT # P00000048830
1. Entity Name
 JO-TO OF SIESTA KEY, INC.

Principal Place of Business 2833 57TH ST.
 SARASOTA FL 34243
Mailing Address 2833 57TH ST.
 SARASOTA FL 34243

2. Principal Place of Business 5218 Ocean Blvd.
 Suite, Apt. #, etc.
3. Mailing Address 4859 Hoyer Dr.
 Suite, Apt. #, etc.

City & State Sarasota FL
Zip 34242 **Country**
City & State Sarasota FL
Zip 34241 **Country**

4. FEI Number 65-1020665 **Applied For**
☐ **\$8.75 Additional Fee Required**
5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent
 FELDMAN, MARC H
 3908 26TH ST. WEST
 BRADENTON FL 34205

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAMAKI, AYAKO 4859 HOYER DR. SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: Jan 29 '02 Daytime Phone #: (H) 923-3632 (W) 346-8366

CR2E034 (9/01)