

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90010 004 ***150.00

DOCUMENT # P00000049436

1. Entity Name
JOHN TOFT CONSTRUCTION, INC.

Principal Place of Business
**1111 W CANAL STREET
 NEW SMYRNA BEACH FL 32168**

Mailing Address
**1111 W CANAL STREET
 NEW SMYRNA BEACH FL 32168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3646955**

Applied For
 Not Applicable

Zip Country

Zip Country

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~~

**STORCH, GLENN D ESQ.
 STORCH, HANSEN & MORRIS P.A.
 420 S. NOVA RD.
 DAYTONA BEACH FL 32114**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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	PD	<input type="checkbox"/> Delete
NAME	TOFT, JOHN	
STREET ADDRESS	P.O. BOX 1546	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOFT, THERESA	
STREET ADDRESS	P.O. BOX 1546	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, IRENE	
STREET ADDRESS	1301 OLD MISSION ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

386-427-5949
 Date Daytime Phone #

CR2E034 (9/01)