

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051108

1. Entity Name
TOERING JUNCTION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90026 048 ***150.00

Principal Place of Business
2049 MCGREGOR BLVD.
FY. MYERS FL 33901

Mailing Address
2049 MCGREGOR BLVD.
FY. MYERS FL 33901

2. Principal Place of Business
1657 Grace Ave.
Suite, Apt. #, etc.

3. Mailing Address
1657 Grace Ave.
Suite, Apt. #, etc.

City & State
Fort Myers, FL
Zip
33901
Country

City & State
Fort Myers, FL
Zip
33901
Country

4. FEI Number
65-1010239
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MILLER, JANICE
1484 LINHART AVE.
FT. MYERS FL 33901
1657 Grace Ave.

7. Name and Address of New Registered Agent
Name
Janice Miller
Street Address (P.O. Box Number is Not Acceptable)
1657 Grace Ave.
City
Fort Myers, FL
Zip Code
33901

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 _____ (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. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JANICE		NAME	Miller, Janice	
STREET ADDRESS	1484 LINHART AVE.		STREET ADDRESS	1657 Grace Ave.	
CITY-ST-ZIP	FT. MYERS FL 33901		CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, KENNETH		NAME	MACE, Kenneth	
STREET ADDRESS	1484 LINHART AVE.		STREET ADDRESS	1657 Grace Ave.	
CITY-ST-ZIP	FT. MYERS FL 33901		CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KIMBERLY		NAME		
STREET ADDRESS	16210 ARAIA DR,		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOMAN, MARGARET		NAME		
STREET ADDRESS	16210 ARAIA DR.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: 4/20/01 TELEPHONE: 941-333-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)