

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 025 ***150.00

DOCUMENT # P00000051108

1. Entity Name

Toeking Junction, inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1745 Grove Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

4. FEI Number

65-1010239

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Janice E. Miller

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

1745 Grove Ave.

City

Ft. Myers

FL

Zip Code

33901

**DO NOT WRITE
IN THIS SPACE**

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.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Janice Miller
1745 Grove Ave.
Ft. Myers, FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice-President
Kenneth Mace
1745 Grove Ave.
Ft. Myers, FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Kimberly Thomas
16210 Aralia Drive
Punta Gorda, FL 33955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Margaret Moman
16210 Aralia Drive
Punta Gorda, FL 33955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice E. Miller - President

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)