2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075596

1. Entity Name

TONYA ELLIS, INC.

Principal Place of Business

Mailing Address

717 EAST OAK STREET

717 EAST OAK STREET



	L 34/44		KISSIMMEE FL 34744						
2. Principal I	Place of Busin	ess	3. Mailing Address]	1 1901/1001 51/ 106/17 00/17 106/17 1	IBIIA GOIAL OGAI	I K eno r o lkor olika	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		FEI Number 58-256400	E0-0E64000		pplied For ot Applicable	
Zip		Country	Zip	Country	5.	. Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent					7.	Name and Address of New	Registered	Agent	
				Name					
HARRY J. SWART, CPA							 -		
717 EAST OAK STREET				Street	Address (P.O.	Box Number is Not Acceptab	ole)		
						· -			
KISSIMME	E FL 34744								
		74		City			Fl	Zip Cod	ie
8. The above	named entity	submits this statement f	or the purpose of changing i	s registered office	or registered a	igent, or both, in the State of F	lorida.		
SIGNIATURE									
SIGNATURE	Signature, typed o	or printed name of registered agen	t and title if applicable. (NC	TE: Registered Agent sign	natura required when	reinstatino)	DATE		
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9. This corpo	oration is eligit	ole to satisfy its Intangible		!!!! FEE IS \$150		10. Election Campaign F	·	^- -	
									M
			j Aπer May 1, 2	002 Fee will be :	550.00		• .		May Be
	ria on back)	nd elects to do so.	Make Check Paya	002 Fee will be : ble to Departme		Trust Fund Contributi	• .		d to Fees
			Make Check Paya	ble to Departme	nt of State	Trust Fund Contributi	on. [∐ Ådded	d to Fees
(See criter	ria on back)		Make Check Paya	ble to Departme	nt of State		on. [D DIRECTOR	d to Fees
(See criter	ria on back) PSD	OFFICERS AND	Make Check Paya	12.	nt of State	Trust Fund Contributi	on. [∐ Ådded	d to Fees
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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:

CR2E034 (9/01)