

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90029 047 \*\*\*150.00

**DOCUMENT # P01000002462**

**1. Entity Name**  
**NONPROFITOYSTER, INC.**

**Principal Place of Business**  
**5734 ASPEN RIDGE CIRCLE**  
**DELRAY BEACH FL 33484**

**Mailing Address**  
**5734 ASPEN RIDGE CIRCLE**  
**DELRAY BEACH FL 33484**



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**

**52-2284623**

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**

**STAHL, JAMES F**  
**138 NORTH SWINTON AVENUE**  
**DELRAY BEACH FL 33444**

Name

**DAVID WEAVER**

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

**85 SE 4th Avenue**

#104

City

**Delray Beach**

**FL**

Zip Code

**33483**

**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

*David C. Weavers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/18/02**

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, 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  Delete  
 NAME **DPST PRUTENU, LAURA**  
 STREET ADDRESS **5734 ASPEN RIDGE CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V PRUTENU, ALEXANDRU M**  
 STREET ADDRESS **5734 ASPEN RIDGE CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David C. Weavers*  
**REGISTERED AGENT**

**1/18/02**

Date

Daytime Phone #

CR2E034 (9/01)