

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 037 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

85 SE 4th AVE

Suite, Apt. #, etc.

#104

City & State
Delray Beach, FL

Zip
33483

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2284623**

Applied For
Not Applicable

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

**WEAVER, DAVID
85 SE 4TH AVE
#104
DELRAY BEACH FL 33483**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexandru Prutenu

4-22-03

Date

Daytime Phone #

CR2E034 (10/02)