

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90030 009 ***150.00

DOCUMENT # P01000020093

1. Entity Name
MY TOYS U.S.A., INC.



Principal Place of Business
13584 49TH ST UNIT 11
CLEARWATER FL 33762

Mailing Address
13584 49TH ST UNIT 11
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

506 N. Madison Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEARWATER, FL

4. FEI Number 59-3707096

Applied For
Not Applicable

Zip

Country

Zip
33755

Country
USA

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

GERHART, RALF
13584 49TH ST UNIT 11
CLEARWATER FL 33762

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
PSVT
GERHART, RALPH
13584 49TH ST UNIT 11
CLEARWATER FL 33762

☐ Delete

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

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☐ Change ☐ Addition

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

RALF GERHARDT 01-10-03 (727) 6697069

Date

Daytime Phone #

CR2E034 (10/02)