

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90126 013 ***150.00

DOCUMENT # P01000024456

1. Entity Name
SHIRLEY TOSCANO, INC.

Principal Place of Business
12000 ASHTON MANOR WAY
ORLANDO FL 32823

Mailing Address
12000 ASHTON MANOR WAY
ORLANDO FL 32823



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

52-2897315

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

TOSCANO, SHIRLEY
12000 ASHTON MANOR WAY
ORLANDO FL 32823

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | President Shirley Toscano 12000 Ashton Manor Way Apt 207 Orlando, FL 32828-7007 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: _____

Shirley Toscano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-02

407-736-8084
 Daytime Phone #

CR2E034 (4/02)

Attachment

July 10, 2002


#PO1000024456
121689

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Shirley Toscano, Inc.
FEIN: 52-2297365

To whom it may concern,

I incorporated Shirley Toscano, Inc. in March, 2001. This is my first time owning a corporation and with them is a lot to learn. I have tried very hard to keep up with all the regulations necessary with this corporation. I have just received in the mail my 2002 Profit Corporation Annual Report stating 2ND NOTICE. This is the first notice I have ever received. I did not know about this report therefore did not know to call when I did not receive one. I am sending a check for the original \$150.00 filing fee with the hope that you can understand my dilemma. If you have any further questions, please do not hesitate to contact me at (407)282-0980. I apologize for any inconvenience. Thank you for your cooperation.


Shirley J. Toscano
Owner