

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91009 014 ***150.00

DOCUMENT # P01000040224

1. Entity Name
TOOTS, INC.

Principal Place of Business
5575 NW 106 DR
CORAL SPRINGS FL 33076

Mailing Address
5575 NW 106 DR
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

1825 N. PINE ISLAND RD
 Suite, Apt. #, etc.

1825 N. PINE ISLAND RD
 Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number
05-1103187

Applied For
☐ **Not Applicable**

Zip
33322

Country
USA

Zip
33322

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

GOLDRICH, DONALD S
3200 NE 14 ST
POMPANO BEACH FL 33062

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ **Delete**
NAME
WEINER, ROY
STREET ADDRESS
339 BASSWOOD CIR
CITY-ST-ZIP
HOLLAND PA 19053

TITLE ☒ **Change** ☐ **Addition**
NAME
1825 N. PINE ISLAND RD
STREET ADDRESS
PLANTATION, FL 33322
CITY-ST-ZIP

TITLE
D ☐ **Delete**
NAME
WEINER, YVONNE
STREET ADDRESS
339 BASSWOOD CIR
CITY-ST-ZIP
HOLLAND PA 19053

TITLE ☒ **Change** ☐ **Addition**
NAME
1825 N. PINE ISLAND RD
STREET ADDRESS
PLANTATION, FL 33322
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy Weiner 4/12/02 954-693-7772

CR2E034 (9/01)