

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91393 005 \*\*\*150.00

DOCUMENT # PO1000050667  
1. Entity Name  
Tookies, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1545 PARK STREET NO.  
Suite, Apt. #, etc.

3. Mailing Address  
1545 PARK ST, NO  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST PETERSBURG, FL

City & State  
ST PETERSBURG, FL

Zip  
33710

Country  
USA

4. FEI Number  
39-3720629

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ROSS, Jennifer S.

Street Address (P.O. Box Number is Not Acceptable)  
1545 PARK STREET NORTH

City ST PETERSBURG FL Zip Code 33710

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 Jennifer S Ross DATE 4/30/03

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Ross, Jennifer S. 1545 PARK ST. NO. ST PETERSBURG, FL 33710</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: J S Ross DATE 4/30/03 Daytime Phone # 727-422-5323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)