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2. Principal flace of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. City & State City & S	CLEAHWATER	FL 33/55	CLEANWA	TER PE 30/33								
City & State Country Zip Country A. FEI Number S. Centificate of Status Desired S. S. 75 Additional Fee Required S. R. 75 Additional Fee Required T. Name and Address of New Registered Agent Name Street Activess (P.O. Box Number is Not Acceptable) Street Activess (P.O. Box Number is Not Acceptable) 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: Symme, special primariams of registered agent and time is september. 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: Symme, special primariams of registered agent and time is september. Symme, special primariams of registered agent and time is september. The accordance is not purpose of interesting in the september. Symme, special primariams of registered agent of time is september. Symme, special primariams of registered agent of time is september. The accordance is not purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE: Symme, special primariams of registered agent of time is september. Symme in a control primariams of registered agent of time is september. The accordance is not purpose of changing its registered agent, or both, in the State of Florida. Signature accordance is not purpose of changing its registered agent, or both, in the State of Florida. Signature accordance is not purpose of changing its registered agent, or both, in the State of Florida. Signature accordance is not purposed agent agent and several agent, or both, in the State of Florida. Signature accordance is not purposed agent agent agent accordance agent, or both, in the State of Florida. 10. Election Campaign Francing Date: The accordance is not purposed agent accordance agent, or both, in the State of Florida. 11. The accordance is	Principal Place of Business 3. Mailing Address							[
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6. Name and Address of Current Registered Agent Name	City & State	e	City & S	City & State			4. F	El Number		_ 		
KOENIG, WEBKE 41 N FT HARRISON A/E CLEARWATER FL 33755 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, speciol pried name of registered agent and visit if applicable. (ICTE Registered Agent synature regalited after in registered agent, or both, in the State of Florida. SIGNATURE: Signature, speciol pried name of registered agent and visit if applicable. (ICTE Registered Agent synature regalited after increasing) DATE 9. This corporation is eligible to sastely its Intengible Tax filing requirement and elects to do so. (See entering on back to the social section of the synathia registered agent, or both, in the State of Florida. SIGNATURE: SIGNA	Zip	Country	Zip	Zip		Country		Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of C	Current Registered A	gent			7. N	lame and Address of New Re	gistered A	gent		
A1 N FT HARRISON AVE CLEARWATER FL 33755 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, specior princed name of registered agent and lots it explicable. NOTE: Registered Agent agranture required when remotiving DATE 9. This corporation is eligible to satisfy its intampible Tax filing requirement and elects to do so. (See criteria on back) Nake Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME NAME KOENIG, WIEBKE 41 N FT HARRISON AVE CITY ST-ZP CITY ST-ZP TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete D				*		Name				· · · · · · · · · · · · · · · · · · ·		
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13. Thereby 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	13. 1 hereby (certify that the information supp	lied with this filing do	es not qualify for	r the exe	mption stated i	n Section	119.07(3)(i), Florida Statutes. H	urther cert	fy that the i	nformation	

SIGNATURE:

200gUNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

TONER.COM U.S.A., INC.

1. Entity Name

P01000060576

04/13/03 727 - 444 - 4494 Date Daytime Phone #