

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91799 012 ***150.00

DOCUMENT # P02000069868

1. Entity Name
TOAST OF THE TOWN EVENT COORDINATORS, INC.



Principal Place of Business
5794 LA GORCE CIRCLE
LAKE WORTH FL 33463

Mailing Address
5794 LA GORCE CIRCLE
LAKE WORTH FL 33463

2. Principal Place of Business
2017 RESTON CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2017 RESTON CIRCLE
Suite, Apt. #, etc.

City & State
ROYAL PALM BEACH, FL
Zip 33411 **Country** USA

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ROYAL PALM BEACH, FL
Zip 33411 **Country** USA

4. FEI Number
02-0619017

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~WENTHE, LINDA~~
~~5794 LA GORCE CIRCLE~~
~~LAKE WORTH FL 33463~~

7. Name and Address of New Registered Agent

Name
TARA FONTANA
Street Address (P.O. Box Number is Not Acceptable)
2017 RESTON CIRCLE
City **ROYAL PALM BEACH** **FL** **Zip Code** **33411**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/03** **Daytime Phone #** **561-302-2340**

CR2E034 (10/02)