

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

03-05-2003 90047 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000125799

1. Entity Name
TONY'S #1 INC.



Principal Place of Business
4395 HANCOCK BRIDGE PKWY
NORTH FT. MYERS, FL 33903

Mailing Address
4395 HANCOCK BRIDGE PKWY
NORTH FT. MYERS, FL 33903

2. Principal Place of Business
1341 DEL PRADO BLVD

3. Mailing Address
1341 Del Prado Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33990

Country
USA

Zip
33990

Country
USA

4. FEI Number
81-0584200

Applied For
Not Applicable

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

FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE STE 900
MIAMI, FL 33131

Name
KENNETH T. STRONG
Street Address (P.O. Box Number is Not Acceptable)

6326 WHISKEY CREEK DRIVE

City
FORT MYERS

FL

Zip Code
33919

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

Kenneth T. Strong

KENNETH T. STRONG

2/21/03

Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when remaining)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKS, AMBER 1032 SE 18 AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CROOKS, MICHAEL 1032 SE 18 AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CROOKS, DAWN 1032 SE 18 AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael Crooks **MICHAEL T CROOKS pres.**

3/2/2003

239-573-8669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)