

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028193

1. Entity Name

TONI B'S, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90148 031 \*\*\*150.00

Principal Place of Business

5635 HIGHWAY A1A  
APT 803  
MELBOURNE BEACH FL 32951

Mailing Address

5635 HIGHWAY A1A  
APT 803  
MELBOURNE BEACH FL 32951-3338

2. Principal Place of Business

3901 May Ln.  
Suite, Apt. #, etc.

3. Mailing Address

3901 May Ln.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MALABAR FL

City & State

MALABAR FL

4. FEI Number

59-3190241

Applied For

Not Applicable

Zip

Country

32950 USA

Zip

Country

32950 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

BACARIS, JOHN

5635 S. HWY. A1A, #803

S. MELBOURNE FL 32951

3901 MAY LN  
MALABAR FL 32950

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BACARIS, JOHN  
CITY-ST-ZIP 5635 HIGHWAY A1A APT 803  
MELBOURNE BEACH FL 32951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BACARIS, TONI  
CITY-ST-ZIP 5635 HIGHWAY A1A APT 803  
MELBOURNE BEACH FL 32951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)