

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

FORMATION AV

01-27-2003 90373 001 \*\*\*150.00

**DOCUMENT # P93000073081**



1. Entity Name  
**TONI PRODUCTS, INC.**

Principal Place of Business  
**TONI PRODUCTS INC.  
8910 N FORK DRIVE  
FORT MYERS FL 33903**

Mailing Address  
**221 S.E. 29TH TERRACE  
CAPE CORAL FL 33904**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0444716**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AMICO, ANGELO P  
221 S.E. 29TH TERRACE  
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	AMICO, ANGELO P	
STREET ADDRESS	221 S.E. 29 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AMICO, FRANCINE	
STREET ADDRESS	221 S.E. 29 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DST	<input type="checkbox"/> Delete
NAME	AMICO, SUSAN	
STREET ADDRESS	623 AVENUE M	
CITY-ST-ZIP	BROOKLYN NY 11230	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

Daytime Phone #

CR2E034 (10/02)