

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90107 041 ***150.00

0113876 AV

DOCUMENT # P93000087408

1. Entity Name

SUN TOY OF FLORIDA, INC.

Principal Place of Business

**1499 S. HARBOR CITY BLVD
 SUITE 201
 MELBOURNE FL 32901
 US**

Mailing Address

**1499 S. HARBOR CITY BLVD
 SUITE 201
 MELBOURNE FL 32901
 US**



2. Principal Place of Business

2 RIVER FALLS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

39 S. ATLANTIC AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCOA BEACH, FL

Zip
32931

Country

City & State

COCOA BEACH, FL

Zip
32931

Country

4. FEI Number

59-3221793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHITTAKER, KENNETH A CPA
 1692 W HIBISCUS BOULEVARD
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **RAYMOND S. McDIRMIT, CPA**

Street Address (P.O. Box Number is Not Acceptable)
39 S. ATLANTIC AVE.

City **COCOA BEACH**

FL

Zip Code
32931

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 **RAYMOND S. McDIRMIT, CPA**

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

(NOTE: Registered Agent signature required when reinstating)

Raymond S. McDirmit

DATE

2/20/2002

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, 2002 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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **STIERNELOF, JAN**
 CITY-ST-ZIP **1499 S. HARBOR CITY BLVD., SUITE 303
 MELBOURNE FL 32901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20-02 321-7990799

Date

Daytime Phone #

CR2E034 (9/01)