

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008131

1. Entity Name

TOY BUILDERS, INC.

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91578 039 ***150.00

Principal Place of Business
13170-58 ATLANTIC BLVD.
SUITE 153
JACKSONVILLE FL 32225

Mailing Address
13170-58 ATLANTIC BLVD.
SUITE 153
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3218350

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

TOY, STANLEY R
1555 N. CARBONDALE DR.
JACKSONVILLE FL 32208

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TOY, C. GEORGETTE
1555 N. CARBONDALE DRIVE
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, T
STANLEY R. TOY
1555 N CARBONDALE DRIVE
JACKSONVILLE, FL 32208 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
TOY, STANLEY R
1555 N. CARBONDALE DRIVE
JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MULLIGAN, JAC A JR
5235 HERRING ROAD #14
JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

1-1-01

Date

904-768-0218

Daytime Phone #

CR2E034 (10/00)

ELECOMP IMPORT & EXPORT INC.
692 WEST 29 STREET #9
HIALEAH- FLORIDA-33012
PHONE (305) 887-4185

Attachment
A00069861

#P99000086814

MAY 14, 2001

DEPARTMENT OF STATE


REF: DOCUMENT #P99000086814

THIS NOTE IS TO INFORM THAT DUE TO A FAMILY EMERGENCY I HAVE BEEN OUT THE COUNTRY FOR THE LAST TWO MONTHS AND WAS IMPOSIBLE TO ME TO MAKE THE PAYMENT BECAUSE THE COMPANY WAS CLOSE DURING THIS TIME.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR OYUR HELP.

ATTE.


VALENTIN H. SALAZAR
PRESIDENT
