

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90046 001 ***150.00

DOCUMENT # P94000028061

1. Entity Name
TONER CORPORATION



Principal Place of Business
**462-4 LAKEVIEW DRIVE
PALM HARBOR FL 34683**

Mailing Address
**462-4 LAKEVIEW DRIVE
PALM HARBOR FL 34683
US**

2. Principal Place of Business

2809 Wood Pointe Dr

3. Mailing Address

2809 Wood Pointe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

HOLIDAY FL

Zip

34691

Country

US

Zip

34691

Country

US

4. FEI Number

59-3235798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TONER, JAMES
462-4 LAKEVIEW DRIVE
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **TONER JAMES**

Street Address (P.O. Box Number is Not Acceptable)

2809 Wood Pointe Dr

City **HOLIDAY**

FL

Zip Code

34691

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 **James B. Toner**

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

(NOTE: Registered Agent signature required when reinstating)

3-11-03

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	D	<input checked="" type="checkbox"/> Delete
NAME	TONER, JAMES	
STREET ADDRESS	462-4 LAKEVIEW DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TONER, PATRICIA	
STREET ADDRESS	462-4 LAKEVIEW DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TONER JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONER JAMES	
STREET ADDRESS	2809 Wood Pointe Dr	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TONER PATRICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONER PATRICIA	
STREET ADDRESS	2809 Wood Pointe Dr	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)