

2000 UNIFORM BUSINESS REPORT (UBR)

4/3
* 4

DOCUMENT # P94000058019

1. Entity Name

TOY-TOTE, INC.

Principal Place of Business

Mailing Address

4505 131 AVE. N. #19
CLEARWATER FL 33762
US

3300 FOX HILL DR.
CLEARWATER FL 33761-1703
US

2. Principal Place of Business

4114 PAWNEE RD

3. Mailing Address

4114 PAWNEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PERRY, KS

City & State

PERRY, KS

4. FEI Number

59-3269014

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISMAN, STEPHEN A.
3300 FOXHILL DRIVE
CLEARWATER FL 34621

USE
← THIS ADDRESS →
ADDRESS

Name STEPHEN A. MEISMAN

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

4114 PAWNEE RD, 3300 FOXHILL DR

City

PAWNEE RD, CLEARWATER, FL

Zip Code

34621 66073

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

[Signature]

STEPHEN A. MEISMAN

3-23-00

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

TITLE D
NAME MEISMAN, STEPHEN A
STREET ADDRESS 3300 FOXHILL DRIVE
CITY-ST-ZIP CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

785-550-3088

Daytime Phone #