

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90055 018 ***150.00

11162000 1A

DOCUMENT # **P94000071965**

1. Entity Name
TOBY'S TOY BOX, INC.

Principal Place of Business

**4165 DOW RD
 STE 36
 MELBOURNE FL 32934
 US**

Mailing Address

**4255 AURORA RD
 MELBOURNE FL 32934
 US**



2. Principal Place of Business

2175 Bridle Path
 Suite, Apt. #, etc.

3. Mailing Address

2175 Bridle Path
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne Fla

City & State
Melbourne Fl

4. FEI Number **59-3271711**

Applied For
 Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHANCEY, JAMES S
 4255 AURORA RD
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **CHANCEY, STACY**
 STREET ADDRESS **4255 AURORA RD**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
 NAME **Chancey, Stacy**
 STREET ADDRESS **2175 Bridle Path**
 CITY-ST-ZIP **Melbourne, Fla 32935**

TITLE **D** Delete
 NAME **CHANCEY, JAMES S**
 STREET ADDRESS **4255 AURORA RD**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
 NAME **Chancey, James**
 STREET ADDRESS **2175 Bridle Path**
 CITY-ST-ZIP **Melbourne, Fla 32935**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Stacy Chancey**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)