

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058954

1. Entity Name

TOY SMART, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90030 021 \*\*\*150.00

Principal Place of Business

Mailing Address

8201 S. TAMiami TR.  
#55  
SARASOTA FL 34238

8201 S. TAMiami TR.  
#55  
SARASOTA FL 34238-2950

2. Principal Place of Business

8201 S. TAMiami TR.

3. Mailing Address

8201 S. TAMiami TR.

Suite, Apt. #, etc.

# 41

Suite, Apt. #, etc.

# 41

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3325761

Applied For

Not Applicable

Zip

34238

Country

SARASOTA

Zip

34238

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MECKLER, GARY J  
8201 S. TAMiami TR.  
#55  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name SAME MECKLER, GARY J.

Street Address (P.O. Box Number is Not Acceptable)  
8201 S. TAMiami TR.

# 41

City SARASOTA

FL

Zip Code 34238

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, 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 PSTD  
NAME MECKLER, GARY J  
STREET ADDRESS 8201 S. TAMiami TR., #55  
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE D  
NAME MECKLER, GARY J  
STREET ADDRESS 8201 S. TAMiami TR., #55  
CITY-ST-ZIP SARASOTA FL 34238 ☐ 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 8201 S. TAMiami TR. #41 ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 8201 S. TAMiami TR. #41 ☒ Change ☐ Addition  
CITY-ST-ZIP

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:

GARY J. MECKLER PRES. 3/26/00 941-924-8699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)