

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015954

1. Entity Name

TONER TECH CARTRIDGE SERVICE, INC.

Principal Place of Business

4515 HIGHWAY 389
PANAMA CITY FL 32405

Mailing Address

4515 HIGHWAY 389
PANAMA CITY FL 32405-6402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3428077

Applied For

Not Applicable

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

DEWEY, CRAIG D
22113 SUNNYSIDE LANE
PANAMA CITY BEACH FL 32413

Name

CRAIG D. DEWEY

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

4515 HWY 389

City

PANAMA CITY

FL

Zip Code

32405

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

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

CRAIG D. DEWEY

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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 PD ☐ Delete
NAME DEWEY, CRAIG D
STREET ADDRESS 22113 SUNNYSIDE LANE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE SD ☐ Delete
NAME REEDY-DEWEY, MADELINE A
STREET ADDRESS 22113 SUNNYSIDE LANE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Craig D. Dewey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

850-265-5081

Daytime Phone #

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90397 011 ***150.00

948775



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)