

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90150 022 ***150.00

DOCUMENT # P97000062178

1. Entity Name

TOUCAN RESTORATION & MAINTENANCE, INC.

Principal Place of Business

**5410 KENSINGTON ST
 SARASOTA FL 34232**

Mailing Address

**5410 KENSINGTON ST
 SARASOTA FL 34232**

2. Principal Place of Business

8001 CR 674

3. Mailing Address

8001 CR 674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bushnell FL

City & State

Bushnell FL

Zip

33513

Country

Sumter

Zip

33513

Country

Sumter



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0768388

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHERP, RONALD
 3859 BEE RIDGE ROAD
 # 101
 SARASOTA FL 34233**

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

TITLE **PTD** ☐ Delete
 NAME **PARKINSON, SHARON**
 STREET ADDRESS **5410 KENSINGTON ST**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VPSD** ☐ Delete
 NAME **PARKINSON, TERRY**
 STREET ADDRESS **5410 KENSINGTON ST**
 CITY-ST-ZIP **SARASOTA FL 34232**

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
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10, 2002

Date

352 303 9221

Daytime Phone #

CR2E034 (9/01)