

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90433 045 ***150.00

DOCUMENT # P98000000622

1. Entity Name
TOTO SIGNS, INC.

Principal Place of Business
**2511 NW 10TH TERRACE
 POMPANO BEACH FL 33064**

Mailing Address
**2511 NW 10TH TERRACE
 POMPANO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address
c/o Mark I. Ingles, C.P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3011 Northwest 10th Avenue

City & State

City & State
Coral Springs, FL

4. FEI Number **65-0803950**

Applied For
 Not Applicable

Zip

Country

Zip
33065-3626

Country

US

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

**TOTO, CECILIA
 2511 NW 10TH TERRACE
 POMPANO BEACH FL 33064**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST TOTO, CECILIA 2511 NW 10TH TERRACE POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cecilia Toto*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

954-232-5454
 Daytime Phone #

CR2E034 (10/00)