

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90764 032 \*\*\*150.00

**DOCUMENT # P98000000622**

1. Entity Name  
**TOTO SIGNS, INC.**



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

Mailing Address  
**C/O MARK I INGLES, C.P.A.  
3071 NORTHWEST 107TH AVENUE  
CORAL SPRINGS FL 33065-3626**

2. Principal Place of Business

3. Mailing Address

**C/O Mark I. Ingles, CPA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0803950**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 **Joseph Toto**  
Street Address (P.O. Box Number is Not Acceptable)  
**2511 N.E. 10th Terrace**

City **Pompano Beach** FL Zip Code **33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joseph Toto, President**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST**  
NAME **TOTO, CECILIA**  
STREET ADDRESS **2511 NW 10TH TERRACE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PM/ST**  
NAME **Joseph Toto**  
STREET ADDRESS **2511 N.E. 10th Terrace**  
CITY-ST-ZIP **Pompano Beach, FL 33064** ☐ Change ☒ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joseph Toto, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**  
Date

**954-232-5454**  
Daytime Phone #

CR2E034 (10/02)