

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000004591**

1. Entity Name

**TOBY DESIGNS INTERNATIONAL, INC.****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91142 039 \*\*\*150.00

Principal Place of Business

**2887 22ND AVENUE NORTH STE. E  
ST. PETERSBURG FL 33713**

Mailing Address

**2887 22ND AVENUE NORTH STE. E  
ST. PETERSBURG FL 33713**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**5401 Central Ave.**

Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

Zip

**33710**

Country

4. FEI Number **59-3492498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FARIS, SUSAN  
2887 22ND AVENUE NORTH STE. E  
ST. PETERSBURG FL 33713****7. Name and Address of New Registered Agent**

Name

**Carol McAtee, CPA**

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

**5401 Central Ave.**

City

**St. Petersburg****FL**

Zip Code

**33710**

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 **Carol McAtee, CPA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Carol McAtee**4/27/01*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**TITLE **P** ☐ Delete  
NAME **FARIS, SUSAN**  
STREET ADDRESS **2887 22ND AVE. N**  
CITY-ST-ZIP **ST. PETERSBURG FL 38713**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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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: *Susan Faris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)