

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90090 035 \*\*\*150.00

05-41227

**DOCUMENT # P98000008153**

1. Entity Name  
**ROLAND TOLEDO, INC.**

Principal Place of Business Mailing Address  
**3668 BAYSHORE DR. 3668 BAYSHORE DR.**  
**NAPLES FL 34112 NAPLES FL 34112**

2. Principal Place of Business 3. Mailing Address  
**270 Logan Blvd. S. 270 Logan Blvd S.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Naples, FL.** City & State **Naples, FL.** 4. FEI Number **59-3516929** Applied For  
 Zip **34119** Country **USA** Zip **34119** Country **USA** 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  
**TOLEDO, ROLAND** Name  
**3668 BAYSHORE DR.** Street Address (P.O. Box Number is Not Acceptable)  
**NAPLES FL 34112** **270 Logan Blvd S.**  
 City **Naples** FL Zip Code **34119**

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]* **Roland Toledo** **4/23/01**  
(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. ☐ **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	DPST	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, ROLAND		NAME	Toledo, Roland	
STREET ADDRESS	3668 BAYSHORE DR.		STREET ADDRESS	270 Logan Blvd S.	
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP	Naples, FL. 34119	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, BERTHA G		NAME	Toledo, Bertha G.	
STREET ADDRESS	1351 WILDWOOD LKS BLVD STE 6		STREET ADDRESS	270 Logan Blvd S.	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL. 34119	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **Roland Toledo** **4/23/01 (941) 353-8810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)