2001-UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am **EOCUMENT # P98000087102** Secretary of State 1. Entity Name 02-21-2001 90197 042 ***150.00 JACK'S TOYS, INC. Principal Place of Business Mailino Address 1101 MICHIGAN CT 1101 MICHIGAN CT WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address 7100 S. Highway 17-92 71<u>00</u> S. Hig<u>h</u>way 17-92 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Fern Park, FL Fern Park City & State City & State Applied For 4. FEI Number 59-3539011 32730 32730 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Seminole Fee Required ${\tt Seminole}$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>John A. Baldwin</u> BALDWIN, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1101 MICHIGAN CT <u>7100 S. Highway 17-92</u> WINTER SPRINGS FL 32708 <u>Fern Park, FL 32730</u> Zip Code changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a SIGNATURE DATE 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1, 2001- Fee will be \$550.00 -- -Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE P/D/S/T Change Addition BALDWIN, JOHN A NAME NAME Baldwin, John A. 1101 MICHIGAN CT STREET ADDRESS STREET ADORESS 7100 S. Highway 17-92 WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP Fern Park, FL 32730 TITLE Delete TITLE ☐ Change Addition BALDWIN, JOHN A NAME NAME STREET ADDRESS 1101 MICHIGAN CT STREET ADDRESS CLTY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Addition TITLE Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP ☐ Delete TITLE TITLE Change 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 of supplemental people is true and accurate and relating signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee information by the receiver or trustee information 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 organizations are required by Chapter 607. SIGNATURE: 407)834-142