

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000094280**

1. Entity Name

TOOG'S INCORPORATED

Principal Place of Business

**751 STOCKTON ST.
JACKSONVILLE FL 32204**

Mailing Address

**751 STOCKTON ST.
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3539939**

Applied For

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

**PETTY, ANTHONY G
2611 LAKESHORE BLVD.
JACKSONVILLE FL 32210**

Name

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

City

State

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's signature required when reappointing)

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	DP	☐ Delete
NAME	PETTY, ANTHONY G	
STREET ADDRESS	2611 LAKESHORE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	CEO	☐ Delete
NAME	PETTY, ANTHONY G	
STREET ADDRESS	2611 LAKESHORE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, without other like empowered.

SIGNATURE:

Anthony G Petty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

904-388-8494

Date

Telephone Number

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90307 048 ***150.00



DO NOT WRITE IN THIS SPACE