

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056909

1. Entity Name

TOLSTOY STUDIOS INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90053 036 ***150.00

Principal Place of Business

928 S. LAKE STERLING CT.
CASSELBERRY FL 32707

Mailing Address

928 S. LAKE STERLING CT.
CASSELBERRY FL 32707-5400

2. Principal Place of Business

928 S. Lake Sterling Ct.

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

U.S.A.

3. Mailing Address

928 S. Lake Sterling Ct.

Suite, Apt. #, etc.

City & State

Casselberry, FL 32707

Zip

32707

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

DIEZ, ROBERT

928 S. LAKE STERLING CT.
CASSELBERRY FL 32707

Name

928 S. Lake Sterling Ct. Robert Diez

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

928 S. Lake Sterling Ct.

City

Casselberry

FL

Zip Code

32707

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 signature required when reinstating)

02-11-00

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, 2000 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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | | |
|----------------|--------------------------|---------------------------------|--|
| TITLE | P/T OWNER/ASS. ENGINEER | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT DIEZ | | |
| STREET ADDRESS | 928 S. Lake Sterling Ct. | | |
| CITY-ST-ZIP | Casselberry, FL 32707 | | |
| TITLE | V/D OWNER/ENGINEER V/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | LAIRD HARLOW | | |
| STREET ADDRESS | 4339 Shorecrest Dr. | | |
| CITY-ST-ZIP | Orlando FL 32804 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/00

Date

(407) 696-5535

Daytime Phone #

CR2E034 (9/99)