

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 00 0060160

1. Entity Name

THE TOY BOX ACADEMY INC

Principal Place of Business

Mailing Address

2680 BAYSHORE BVD
DUNEDIN FLORIDA
34698

2680 BAYSHORE BVD
DUNEDIN FLORIDA
34698

2. Principal Place of Business

2680 BAYSHORE BVD

3. Mailing Address

2680 BAYSHORE BVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN FLORIDA

City & State

DUNEDIN FL

Zip

34698

Country

USA

Zip

34698

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

59 358 6115

Applied For
NOT Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN C PASICILLO
1599 BRAE MOOR LN
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

LU ANN BULLEN
Street Address (P.O. Box Number is Not Acceptable)
2680 BAYSHORE BVD
City DUNEDIN FL Zip Code 34698

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

Lu Ann Bullen

4-30-01

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.
(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Lu Ann Bullen 4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)