

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90209 004 \*\*\*550.00

DOCUMENT # P99000071521

1. Entity Name  
**TONERTEK 2, INC.**

Principal Place of Business 6644 BILL LUNDY ROAD LAUREL HILL FL 32567	Mailing Address 6644 BILL LUNDY ROAD LAUREL HILL FL 32567
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-3595284</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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### 6. Name and Address of Current Registered Agent

**O'BRIEN, ANN M**  
6644 BILL LUNDY ROAD  
LAUREL HILL FL 32567

### 7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>O'BRIEN, ANN M</b>
STREET ADDRESS	<b>6644 BILL LUNDY ROAD</b>
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>O'BRIEN, CLINTON E</b>
STREET ADDRESS	<b>6644 BILL LUNDY ROAD</b>
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>O'BRIEN, FALLON T</b> <b>NO LONGER WITH CORP.</b>
STREET ADDRESS	<b>6644 BILL LUNDY ROAD</b>
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>
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	

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

CR2E034 (500)

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: Ann M. O'Brien  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG. 16, 2000 (850) 689-0491  
Date Daytime Phone #