

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90167 045 ***150.00

0589891 AT

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.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3595284	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 P	<input type="checkbox"/> Delete
NAME O'BRIEN, ANN M	
STREET ADDRESS 6644 BILL LUNDY ROAD	
CITY-ST-ZIP LAUREL HILL FL 32567	
TITLE S	<input type="checkbox"/> Delete
NAME O'BRIEN, CLINTON E	
STREET ADDRESS 6644 BILL LUNDY ROAD	
CITY-ST-ZIP LAUREL HILL FL 32567	
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 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'BRIEN, JAMES H.	
STREET ADDRESS 6644 BILL LUNDY ROAD	
CITY-ST-ZIP LAUREL HILL, FL 32567	
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: *Clinton E. O'Brien* **CLINTON E. O'BRIEN SECR. 3/1/02 (850) 689-0491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)