


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90170 047 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3595284**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. 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	VP	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, JAMES H	
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		

11. 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, CLINTON E.	
STREET ADDRESS	6644 BILL LUNDY RD.	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANN M. O'BRIEN* **REQUIRED** ANN M. O'BRIEN 2/20/03 (850)689-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)