2000 UNIFORM BUSINESS REPORT (UBR) **FILED** OCUMENT # **P99000075340** Mar 15, 2000 8:00 am Secretary of State OLD TOYS FOR OLD BOYS, INC. 03-15-2000 90096 014 ***150.00 -pel Place of Business Mailing Address 357 ARDENWOOD DR ARDENWOOD DR ENGLEWOOD FL 34223-1947 ~ **** FL 34223 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State-City & State Not Applicable Country \$8.75 Additional Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283 Zip Code City FΙ 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible **10.**-Election-Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax tilling requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) TITLE Addition Delete ABRAHAM, JAMES NAME STREET ADDRESS ADDRESS 357 ARDENWOOD DR CITY-ST-ZIP ST ZIP **ENGLEWOOD FL 34223** Change ☐ Addition Delete TITLE NAME · *DDDDCCC STREET ADDRESS ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete NAME STREET ADDRESS LADORESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete STREET ADDRESS 11: 20000000 CITY-ST-ZIP ST-7IP ☐ Change Addition ■ Defete TITLE HAME STREET ADDRESS : ADDRESS CITY-ST-ZIP ST-ZIP Delete Addition Change TITLE HAME STREET ADDRESS REMOVE CITY-ST-ZIP ST-ZIP 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. GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR