

# 2000 UNIFORM BUSINESS REPORT (UBR)

091500

DOCUMENT # P99000085587

1. Entity Name  
TOOL TIME, INC.

Principal Place of Business  
9069 JENA RD.  
SPRING HILL FL 34608

Mailing Address  
9069 JENA RD.  
SPRING HILL FL 34608

FILED

00 OCT -4 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
126-58th AVE SOUTH  
Suite, Apt. #, etc.

3. Mailing Address  
126-58th AVE. SOUTH  
Suite, Apt. #, etc.

City & State  
ST. PETERSBURG, FL  
Zip  
33705  
Country  
PINELLAS

City & State  
ST. PETERSBURG, FL  
Zip  
33705  
Country  
PINELLAS

4. FEI Number  
59-3605581  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ANTONELLI, MARK N  
9069 JENA RD.  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name  
MARK N. ANTONELLI  
Street Address (P.O. Box Number is Not Acceptable)  
126 58th AVE SOUTH  
City  
ST. PETERSBURG FL Zip Code  
33705

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	D	<input type="checkbox"/> Delete
NAME	SALVATO, AMELIA J	
STREET ADDRESS	9069 JENA RD.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONELLI, MARK N	
STREET ADDRESS	9069 JENA RD.	
CITY-ST-ZIP	SPRING HILL FL 34608	
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	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONELLI, AMELIA J	
STREET ADDRESS	126 58th AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONELLI, MARK N	
STREET ADDRESS	126 58th AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003430206--1	
STREET ADDRESS	-10/19/00--01083--020	
CITY-ST-ZIP	****550.00 ****550.00	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE