

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085587

1. Entity Name  
TOOL TIME, INC.



**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90090 013 \*\*\*150.00

04/7418 AV

Principal Place of Business

~~120 58TH AVE. SOUTH~~  
~~ST. PETERSBURG FL 33705~~

CHANGE

Mailing Address

~~120 58TH AVE. SOUTH~~  
~~ST. PETERSBURG FL 33705~~

CHANGE

2. Principal Place of Business

7500 ROCKY PNT DR

3. Mailing Address

7500 ROCKY PNT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BAYONET PNT FL

City & State

BAYONET PNT FLA

Zip

Country

Zip

Country

3447

USA

3447

USA

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

7. Name and Address of New Registered Agent

ANTONELLI, MARK N

120 58TH AVE. SOUTH

ST. PETERSBURG FL 33705

7500 ROCKY PNT DR  
BAYONET PNT FLA  
3447

Name

MARK N ANTONELLI

Street Address (P.O. Box Number is Not Acceptable)

7500 ROCKY PNT DR

BAYONET PNT FLA

City

FL

Zip Code

3447

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/3

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~VP~~

~~ANTONELLI AMELIA J~~

~~120 58TH AVE. SOUTH~~

~~ST. PETERSBURG FL 33705~~

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P

ANTONELLI, MARK N

120 58TH AVE. SOUTH

ST. PETERSBURG FL 33705

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CR2E034 (10/02)

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: Mark Antonelli REMAINDER ANTONELLI 1/14/3 727-204-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #