

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000095951**

1. Entity Name

Tony's Custom Design, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUL 17 PM 3:55

Principal Place of Business

Mailing Address

**4621 NW 8 Ave
OAKLAND PARK, FL 33309**

400004494614--9

-07/25/01--01013--008

******150.00 ****150.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0935974

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Ambrosio, Anthony R
4621 NW 8 Avenue
OAKLAND PARK, FL 33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AD**
NAME **Ambrosio, Anthony R**
STREET ADDRESS **4621 NW 8 Ave**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
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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 #

CR2E034 (11/00)

Tony's Custom Design

4621 NW 8th Avenue
Oakland Park, FL 33309

Phone (954) 493-7429

July 13, 2001

Mr. Sean Toner
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32399

Dear Mr. Toner:

Please be advised I mailed my report and check in March of this year. I never got my check back from bank.

Thank you for your help.

Tony Ambrosio