

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91593 039 \*\*\*150.00

**DOCUMENT #** P99000110781  
**1. Entity Name**  
 Toelke & Associates, Inc. (CK)

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1531 Aloma Avenue Winter Park, FL 32789	P.O. Box 2767 Winter Park, FL 32790-2767

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suits, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip Country	Zip Country

<b>4. FEI Number</b> KODKX 59-3615250	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Shuffield, W., Charles ESQ  
 315 E. Robinson Street Suite 600  
 Orlando, FL 32801

**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.

**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)

**FILE NOW! FEE IS \$15.00**  
 MAY 1, 2001 Fee will be \$550.00  
 Check payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE NAME</b> D Toelke, Roger A <b>STREET ADDRESS</b> P.O. Box 2767 <b>CITY-ST-ZIP</b> Winter Park, FL 32790-2767	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E004 (11/00)

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:** R. A. Toelke

4/30/01 407/240-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Display Phone #