

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90048 011 ***150.00

DOCUMENT # S11340

1. Entity Name
TONI LYNN'S BATON STUDIO, INC.

Principal Place of Business 12946 OKEECHOBEE BLVD. SUITE A LOXAHATCHEE FL 33470 US	Mailing Address 12946 OKEECHOBEE BLVD. SUITE A LOXAHATCHEE FL 33470 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0245070		Applied For
Suite, Apt. #, etc. 12946 Okeechobee Blvd		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State Loxahatchee FL		City & State		6. Name and Address of Current Registered Agent		Not Applicable
Zip 33470	Country	Zip	Country	7. Name and Address of New Registered Agent		

TONY LYNN KOY 19987 BLACK FALCON RD LOXAHATCHEE FL 33470		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TONI LYNN KOY 19987 BLACK FALCON RD LOXAHATCHEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **7/9/02 2803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment #5113410
12946 Keckhee Blvd
Lynnwood, St. 33470
July 9, 2002

Dear Sir:

I sent in my payment
along with a form that
you payed to me because
I did not receive one.

I assumed you received
it. I checked my records
and I did write the
check, but it was never
cashed. Therefore, I am
enclosing another check.

In the event that I
do receive the first
check back cashed I
will contact you.

Respectfully,
Joni Roy
5113410