

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90156 019 \*\*\*\*50.00

**DOCUMENT # L01000005296**

1. Entity Name

**WILLOW STREET PROPERTIES, LLC**

Principal Place of Business

**5002 NORTH HOWARD AVE.  
TAMPA FL 33603**

Mailing Address

**5002 NORTH HOWARD AVE.  
TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3717661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERS, CODY W  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602**

Name **Sam Agliano**

Street Address (P.O. Box Number is Not Acceptable)  
**5002 N. Howard Av.**

City **Tampa**

FL Zip Code **33603**

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

*Sam Agliano*

**11/10/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **Sam Agliano**  
STREET ADDRESS **3612 Mullen Av**  
CITY-ST-ZIP **Tampa FL 33609**  
**Manager**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Director**  
STREET ADDRESS **Frank Agliano**  
CITY-ST-ZIP **45 Spanish Main**  
**Tampa FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Director**  
STREET ADDRESS **Sarah Rivas**  
CITY-ST-ZIP **4510 Watrous Av**  
**Tampa FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Director**  
STREET ADDRESS **David Agliano**  
CITY-ST-ZIP **1511 Sheridan Forest**  
**Tampa FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sam Agliano*

**REQUIRED**

Date

Daytime Phone #

**11/10/02**

**813 877 8467**

CR2E083 (9/01)