

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90094 049 \*\*\*150.00

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DOCUMENT # **P01000012923**

1. Entity Name  
**TOCCATA INC.**



Principal Place of Business  
**1721 ALLENS CREEK DRIVE  
CLEARWATER FL 33764**

Mailing Address  
**1721 ALLENS CREEK DRIVE  
CLEARWATER FL 33764**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3700028**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 EWST AVENUE SUITE 1114  
MIAMI BEACH FL 33139**

Name  
**Paul C Jensen**  
Street Address (P.O. Box Number is Not Acceptable)

**5625 Central Avenue**

City **St. Petersburg** FL Zip Code **33710**

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 **Paul C Jensen**

DATE **3-12-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLOUGH, STEPHEN</b>
STREET ADDRESS	<b>1721 ALLENS CREEK DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLOUGH, LORAIN</b>
STREET ADDRESS	<b>1721 ALLENS CREEK DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03

Date Daytime Phone #

CR2E034 (10/02)