

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90146 021 ***150.00

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1. Entity Name
TGO REALTY, INC.

Principal Place of Business
**125 PLANTATION DR.
TITUSVILLE FL 32780**

Mailing Address
**PO BOX 3767
COCOA FL 32924**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3225978**

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

**MCDANIEL, LARRY
135 PLANTATION DR
TITUSVILLE FL 32780**

Name
MCDANIEL, LARRY
Street Address (P.O. Box Number is Not Acceptable)
125 PLANTATION DR
City
TITUSVILLE, FL Zip Code
32780

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

4/10/03

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	P	☐ Delete
NAME	MCDANIEL, LARRY	
STREET ADDRESS	125 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ST	☐ Delete
NAME	DIDOMENICO, PATRICK E	
STREET ADDRESS	125 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	SWANN, JIM	
STREET ADDRESS	125 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	☐ Delete
NAME	KIRSCHENBAUM, MALCOM R	
STREET ADDRESS	125 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03 201-432-0629

CR2E034 (10/02)