

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011378

1. Entity Name

TOJA GALLERY, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90075 037 \*\*\*150.00

Principal Place of Business

308 RUSKIN PLACE  
SEASIDE FL 32459

Mailing Address

PO BOX 4634  
308 RUSKIN PL  
SEASIDE FL 32459-4634  
US

2. Principal Place of Business

No LOCATION AT

3. Mailing Address

P.O. Box 4634

Suite, Apt. #, etc.

THIS TIME.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH

4. FEI Number

59-3295630

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

FLORIDA

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

PARKS, JACQUELINE M  
308 RUSKIN PLACE  
SEASIDE FL 32459

Name

PARKS JACQUELINE M.

Street Address (P.O. Box Number is Not Acceptable)

156 ROLLING DUNES DR.

City

SANTA ROSA BEACH

FL

Zip Code

32459

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)

13<sup>th</sup> April 2000  
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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PARKS, JACQUELINE H  
CITY-ST-ZIP 156 ROLLING DUNES DR  
SANTA ROSA BCH FL 32459

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BAKEWELL, ANTOHNY R  
CITY-ST-ZIP 156 ROLLING DUNES DR.  
SANTA ROSA BEACH FL 32459

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

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

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 AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

13<sup>th</sup> April 2000 850-267-  
Date Daytime Phone # 3401

CR2E034 (9/99)