

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90240 007 \*\*\*150.00

**DOCUMENT # P99000100346**

**1. Entity Name**  
**TOGA PROPERTIES, INC.**



**Principal Place of Business**  
**2018 EAST 7TH AVENUE**  
**TAMPA FL 33605**

**Mailing Address**  
**2018 EAST 7TH AVENUE**  
**TAMPA FL 33605**

**90021894**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3614276**

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**

**MARTINO, THOMAS**  
**2708 W. KENNEDY BLVD,**  
**TAMPA FL 33609**

Name **PERRY GAGLIANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2018 E 7TH AVENUE**

City **TAMPA** **FL** Zip Code **33605**

**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)

**2/5/03**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSD** ☐ Delete  
NAME **GAGLIANO, PERRY**  
STREET ADDRESS **545 70TH AVE.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☒ Change ☐ Addition  
NAME **2018 E 7TH AVENUE**  
STREET ADDRESS **TAMPA FL 33605**  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **FERNANDEZ, BRENDA L**  
STREET ADDRESS **2708 W. KENNEDY BLVD.**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition  
NAME **2018 E 7TH AVENUE**  
STREET ADDRESS **TAMPA FL 33605**  
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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03 (813) 248-6111**  
Date Daytime Phone #

CR2E034 (10/02)