

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90679 020 ***150.00

DOCUMENT # P00000041256

1. Entity Name

7749 INC.



DO NOT WRITE IN THIS SPACE

90052131

2. Principal Place of Business
7749 TEMPLE TERR. HWY.

3. Mailing Address
7749 TEMPLE TERR. HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TEMPLE TERR., FL

City & State
TEMPLE TERR., FL

4. FEI Number
59-3639360

Applied For
Not Applicable

Zip
33617

Country

Zip
33617

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
QANNAS, JAMAL

Street Address (P.O. Box Number is Not Acceptable)
7749 TEMPLE TERR. HWY.

City
TEMPLE TERR.

FL

Zip Code
33617

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

03/12/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
PS
QANNAS, JAMAL
STREET ADDRESS
7749 TEMPLE TERR. HWY.
CITY-ST-ZIP
TEMPLE TERR., FL 33617

TITLE
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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 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 #

03/12/03 713-784-0500

CR2E034B (12/02)