FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91514 049 ***150.00

DOCUMENT # P01000022729 ✓

1. Entity Name
7-M REALTY AND DEVELOPMENT INC.

DO NOT WRITE IN THIS SPACE

643299

2. Principal Place of Business		3. Mailing Address	
202 TOWER DRIVE		P.O. BOX 2153	
Suite, Apt. #, etc.: UNIT B		Suite, Apt. #, etc.	
City & State: OLDSMAR, FL		City & State: OLDSMAR, FL	
Zip: 34677	Country: U.S.	Zip: 34677	Country: U.S.

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4. FEI Number: 59-3702612 — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: MULLEN, FRANCIS J
Street Address (P.O. Box Number is Not Acceptable): 17810 SIMMS ROAD
City: ODESSA **FL** Zip Code: 33556

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSTD	TITLE	
NAME	MULLEN, FRANCIS J	NAME	
STREET ADDRESS	17810 SIMMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL. 33556	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Mullen Pres FRANK MULLEN 4/16/02 813-855-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #