

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90427 044 ***150.00

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

DOCUMENT # **P01000038798**
 1. Entry Name
4227, INC.

DO NOT WRITE IN THIS SPACE

95974

2. Principal Place of Business
4227 Williams Rd
 State, Ad. #, etc.

3. Mailing Address
7345 Sand Lake Road
 Suite, Apt. #, etc.
#412

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Orlando, Florida

4. FEI Number **59-3710944** Applied For Not Applicable

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

33610 Country **USA** ZIP **32819** Country **USA**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Qannas, Jamal**

Street Address (P.O. Box Number is Not Acceptable)
4227 Williams Rd

City **Tampa** FL Zip Code **33670**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **6/17/2002**
Signature typed in printed name if required agent and date if applicable (NO'S: Registered Agent's signature is required when reissuing) DATE

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

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Qannas, Jamal 4227 Williams Rd. Tampa, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR20348 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 principal address, with all other like empowered.

SIGNATURE: *[Signature]* **JAMAL QANNAS** 5/1/02 813-621-7049
Signature typed or printed name of signing officer or director Date Daytime Phone #