

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90073 018 ***150.00

DOCUMENT # **PA4 0000 78037**

1. Entity Name

Seven Gables Realty, Inc.

00028433

Principal Place of Business

4312 N. Park
Tampa FL 33624
USA

Mailing Address

4312 N. Park
Tampa, FL 33624
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-053310

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Angelo, Christopher
4415 Carrollwood Village Dr.
Tampa, FL 33624

7. Name and Address of New Registered Agent

Name *Angelo, Christopher*
 Street Address (P.O. Box Number is Not Acceptable) *4415 Carrollwood Village Dr.*
 City *Tampa* FL Zip Code *33624*

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.

CPA

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
	<i>DC, T</i>	<i>Angelo, Christopher</i>	<i>4415 Carrollwood Village Dr.</i>	<i>Tampa, FL 33624</i>	<input type="checkbox"/>
	<i>P</i>	<i>Angelo, Nickolas D</i>	<i>12564 N. 44th Court Dr.</i>	<i>Tampa FL 33624</i>	<input type="checkbox"/>
	<i>VP</i>	<i>Angelo, Christopher</i>	<i>4312 N. Park</i>	<i>Tampa, FL 33624</i>	<input type="checkbox"/>
	<i>S</i>	<i>Angelo, Maria Madeline</i>	<i>4312 N. Park</i>	<i>Tampa FL 33624</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 SIGNING OFFICER OR DIRECTOR

Christopher Angelo

3/5/2001

(813) 269-7315

Date

Daytime Phone #

CR2E034 (11/00)