2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P96000025234 1. Entity Name 4/46A CORP. 05-04-2001 90137 035 ***150.00 Principal Place of Business Mailing Address 1275 LAKE HEATHROW LANE 1275 LAKE HEATHROW LANE HEATHROW FL 32746 **HEATHROW FL 32746** C00696/)4 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3376601 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINEBERG, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 390 N.ORANGE AVE. **SUITE 2500** ORLANDO FL 32801 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP TITLE ☐ Detete TITLE X7 Change ☐ Addition Apostolicas, George APOSTULICAS, GEORGE NAME NAME STREET ADDRESS 1275 LAKE HEATHROW LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Delete TITLE ☐ Change ☐ Addition TITLE DOBOSH, JOE NAME NAME STREET ADDRESS 1275 LAKE HEATHROW LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HEATHROW FL 32746** Change [X] Addition TITLE ☐ Delete TITLE NAME NAME Dick, Michael T. STREET ADDRESS STREET ADDRESS 1275 Lake Heathrow Lane CITY-ST-7IP CITY-ST-7IP Heathrow, FL 32746 Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF A CONTROL OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: