

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90073 022 ***158.75

DOCUMENT # P99000031075

1. Entity Name
717 CORPORATION, INC.

Principal Place of Business Mailing Address
1010 E. NORTH BAY ST. **1010 E. NORTH BAY ST.**
TAMPA FL 33603 **TAMPA FL 33603-4332**

2. Principal Place of Business 3. Mailing Address
1632 E. 7th AVE. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **Tampa, FL**

Zip Country Zip Country
33603 **USA**

4. FEI Number Applied For
59-3618837 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NIBLACK-MARTIN, KIMBERLY S
1010 E. NORTH BAY ST.
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name **SHARON M. STARKES**
 Street Address (P.O. Box Number is Not Acceptable)
1010 - E. NORTH BAY ST.
 City **TAMPA** FL Zip Code **33603**

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 *Sharon M. Starkes*
 Signature, typed or printed name of registered agent and title if applicable.

01/12/00
 DATE

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DPST NIBLACK-MARTIN, KIMBERLY S 1010 E. NORTH BAY ST. TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHARON M. STARKES 1010 - E. NORTH BAY ST. TAMPA, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Pres. / Sec/Treasurer KIMBERLY S. NIBLACK TAMPA, FL 336	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon M. Starkes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.M.S.
01/12/00 **(813) 231-2720**
3/20/00 Date Daytime Phone #

CR2E034 (9/99)