

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90041 012 ***150.00

DOCUMENT # F74780 1. Entity Name FOURTH STREET SOUTH, INC.	
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90131057

2. Principal Place of Business 1427 FOURTH STREET S. Suite, Apt. #, etc.		3. Mailing Address 680 MIDDLETOWN BLVD Suite, Apt. #, etc. SUITE 101	
City & State ST. PETERSBURG FL		City & State LANGHORNE PA	
Zip 33701	Country USA	Zip 19047	Country USA

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4. FEI Number 59-2180977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name REITMAN, HERMAN	
Street Address (P.O. Box Number is Not Acceptable) 4910-C NW 4TH ST	
City DELRAY BEACH	Zip Code FL 33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME SHERWOOD, THOMAS STREET ADDRESS CITY - ST - ZIP 680 MIDDLETOWN BLVD STE 101 LANGHORNE PA 19047	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME REITMAN, GARY STREET ADDRESS CITY - ST - ZIP 680 MIDDLETOWN BLVD STE 101 LANGHORNE PA 19047	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #