## ~2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Aug 10, 2001 8:00 am Secretary of State DOCUMENT # F95000004178 1. Entity Name 08-10-2001 90002 026 \*\*\*150.00 REVACOMP INC Principal Place of Business Mailing Address 9777 W@GülfcBank #20 9777 W Gulf BANK #20 A0080725 HOuston, Tx 77040 Houston, Tx 77040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-1850647 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 Peter Marion\_ Street Address (P.O. Box Number is Not Acceptable) 4159 YellowwoodrDrive Valrico, FL 33594 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 ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 - 🖂 - --(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change DCPT ☐ Delete TITLE TITLE NAME NAME 4 Michael, Larry A STREET ADDRESS STREET ADDRESS 13503 OldennCourt CITY-ST-ZIP CITY-ST-ZIP Cypress, Tx 77429 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME Scarborough, James STREET ADDRESS STREET ADDRESS 8102 Tiger Lane CITY-ST-ZIP CITY-ST-ZIP Houston, Tx 77040 Change ☐ Addition TITLE ☐ Delete NAME NAME Michael, Penny STREET ADDRESS STREET ADDRESS 13503 Olden Court CITY-ST-ZIP CITY-ST-ZIP Cypress, Tx 77429 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address with all other likesemptoyered.

<u> Karry Michael PRes/Ceo 7/23/01</u>

FILED



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 23, 2001

REVACOMP, INC. 9777 W GULF BANK #20 HOUSTON, TX 77040

SUBJECT: REVACOMP: INC Ref. Number: F95000004178

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report has not been filed and a copy is being returned for the following:

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 201A00042671