

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

DOCUMENT # **F9500000 4118**

1. Entity Name

Revacomp, Inc.



FILED
03 SEP -8 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9777 W Gulf Bank

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

#20
City & State
Houston TX

City & State

4. FEI Number
74-1850647

Applied For
Not Applicable

Zip
77040

Country
harris

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Anthony Elen

Street Address (P.O. Box Number is Not Acceptable)
910 NW 86th ST

City Plantation FL FL Zip Code
33324

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

Anthony Elen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/03

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
STREET ADDRESS
CITY-ST-ZIP
Pres/CEO
Larry Michael
13503 Olden Court
Cypress TX 77429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
James Scarborough
8102 Tiger Lane
Houston, TX 77040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Penny Michael
13502 Olden Ct
Cypress Tx 77429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Penny Michael
13502 Olden Ct
Cypress Tx 77429

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REINSTATEMENT 02-03

**DO NOT WRITE
IN THIS SPACE**

000023235900
09/22/03 01045 016 **550.00

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:

Larry Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Michael PRes/CEO 8/23/03 713/896-4191

Date

Daytime Phone #

CR2E034B (12/02)