

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90057 035 ***150.00

DOCUMENT # K22317

1. Entity Name

738 CORPORATION

Principal Place of Business

**738 LOGGERHEAD ISLAND DR
 SATELLITE BEACH FL 32937**

Mailing Address

**738 LOGGERHEAD ISLAND DR
 SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2902458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHNER, STANLEY M.
 738 LOGGERHEAD ISLAND DR
 SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **D** ☐ Delete
 NAME **KIRSCHNER, STANLEY M.**
 STREET ADDRESS **738 LOGGERHEAD ISLAND DR**
 CITY-ST-ZIP **SATELLITE BCH FL**

TITLE **D** ☐ Delete
 NAME **KIRSCHNER, GREGORY**
 STREET ADDRESS **508 ISLAND COURT**
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL**

TITLE **D** ☒ Delete
 NAME **DECLAIRE, TIMOTHY**
 STREET ADDRESS **959 OSPROY DR**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **D** ☐ Delete
 NAME **SIAS, RICHARD**
 STREET ADDRESS **1679 HOGGWOOD DR**
 CITY-ST-ZIP **MELBOURNE FL 32905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **SIAS, RICHARD**
 STREET ADDRESS **1679 MOSSWOOD DRIVE**
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY KIRSCHNER 1-8-02

Date

Daytime Phone #

**321
 773-4600**

CR2E034 (9/01)