FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-03-2002 90038 032 ***150.00

DOCUMENT # L00000070946

1. Entity Name
4 GROWTH LLC ✓

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[redacted]

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2. Principal Place of Business	3. Mailing Address
9887 DOMINGO DR Suite, Apt. #, etc.	P.O. BOX 2153 Suite, Apt. #, etc.
City & State BROOKSVILLE, FL	City & State OLDSMAR, FL
Zip 34601	Country U.S.
Zip 34677	Country U.S.

4. FEI Number
59-3685270 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
MULLEN, FRANCIS J

Street Address (P.O. Box Number is Not Acceptable)
17810 SIMMS ROAD

City
ODESSA FL Zip Code 33556

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 Francis J Mullen 5/15/02
Signature, type or print 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) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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	OPERATING MANAGER MULLEN, FRANCIS J 17810 SIMMS ROAD ODESSA, FL 33556
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Mullen FRANK MULLEN 4/16/02 813-855-4389
Francis J Mullen Francis J Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #