

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 046 ***558.75

DOCUMENT # L19046

1. Entity Name
771 PROPERTIES, INC.

Principal Place of Business

**8140 MANASOTA KEY ROAD
ENGLEWOOD FL 34223**

Mailing Address

**26200 AMERICAN DRIVE
SUITE 305
SOUTHFIELD MI 48034**

2. Principal Place of Business

**8140 MANASOTA KEY RD
Suite, Apt. #, etc.**

3. Mailing Address

**8140 MANASOTA KEY RD
Suite, Apt. #, etc.**

City & State
ENGLEWOOD, FL.

Zip
34223

Country

City & State
ENGLEWOOD, FL.

Zip
34223

Country

4. FEI Number **65-1057053**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMHAT, HAROLD
8140 MANASOTA KEY ROAD
ENGLEWOOD FL 34223**

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/1/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **SAMHAT, HAROLD**
STREET ADDRESS **8140 MANASOTA KEY ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **VPD** ☐ Delete
NAME **KING, THOMAS E**
STREET ADDRESS **48984 POINTE LAKEVIEW DRIVE**
CITY-ST-ZIP **NEW BALTIMORE MI 48047**

TITLE **SD** ☐ Delete
NAME **YOUNG, RODGER D**
STREET ADDRESS **26200 AMERICAN DRIVE, STE. 305**
CITY-ST-ZIP **SOUTHFIELD MI 48034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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 19.07(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**248-6428422
813-544-3437**
Date **9/1/02** Daytime Phone #

CR2E034 (4/02)