

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90366 001 ***300.00

DOCUMENT # L48566

1. Entity Name
512 INVESTMENT CORP.



Principal Place of Business
8850 NORTH U S 1
P. O. BOX 337
WABASSO FL 32970
US

Mailing Address
8850 NORTH U S 1
P. O. BOX 337
WABASSO FL 32970
US



2. Principal Place of Business

8802 US1

3. Mailing Address

8802 US1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian FL

Zip

32958

Country

Zip

32958

Country

4. FEI Number

65-0428799

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, STANLEY
8850 NORTH U.S. 1
WABASSO FL 32970

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	☐ Delete
NAME	KAHN, STANLEY	
STREET ADDRESS	8850 NORTH U.S. 1	
CITY-ST-ZIP	WABASSO FL	
TITLE	S	☐ Delete
NAME	KAHN, SHIRLEY	
STREET ADDRESS	8850 NORTH U.S. 1	
CITY-ST-ZIP	WABASSO FL	
TITLE	D	☐ Delete
NAME	KEEN, MARILOU	
STREET ADDRESS	8850 NORTH W.S. 1	
CITY-ST-ZIP	WABASSO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	

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 Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)