

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90018 049 ***150.00

DOCUMENT # P00000046353

1. Entity Name
FOUR PINES INC

Principal Place of Business

1962 OSCEOLA PKWY
KISSIMMEE FL 34743

Mailing Address

1962 OSCEOLA PKWY
KISSIMMEE FL 34743

80043604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5728 Major Blvd

Suite, Apt. #, etc.

223

City & State

Orlando FL

Zip

32819

Country

USA

3. Mailing Address

5728 Major Blvd

Suite, Apt. #, etc.

223

City & State

Orlando FL

Zip

32819

Country

USA

4. FEI Number

59-3644962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, ROBERT J

1962 OSCEOLA PKWY

KISSIMMEE FL 34743

5728 Major Blvd

223

Orlando FL 32819

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RAPPORT, ROBERT J
214 BUTLER ST.
WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAPPORT, JACQUELINE
226 FOREST ST
WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GODOY-RAPPORT, EMILIA
214 BUTLER ST
WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

407-352-1077

Daytime Phone #

CR2E034 (9/01)