2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103221

1. Entity Name

1015 INC.

Principal Place of Business	Mailing Address
1015 N STATE ROAD 7 HOLLYWOOD FL 33021	1015 N STATE ROAD 7 HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90322 041 ***150.00

0106246

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055707   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

STATHAS, CHRIS
430 GOLDEN ISLES #504
HALLANDALE FL 33309

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, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	*DIRECTOR*	☐ Change ☑ Addition
NAME	GREER, JANICE		NAME	*John Curren*	
STREET ADDRESS	430 GOLDEN ISLES	*Stays as*	STREET ADDRESS	*401 N 44 Ave*	
CITY-ST-ZIP	HOLLYWOOD FL 33009	*Director*	CITY-ST-ZIP	*Hollywood FL 33021*	
TITLE		☐ Delete	TITLE	*President*	☐ Change ☑ Addition
NAME			NAME	*Chris Stathas*	
STREET ADDRESS			STREET ADDRESS	*1015 N State Rd 7*	
CITY-ST-ZIP			CITY-ST-ZIP	*Hollywood, FL 33021*	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: *Chris Stathas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01   *954 963-0155*

Date   Daytime Phone #