

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

05-05-2002 90103 001 ***300.00

DOCUMENT # P01000015031

1. Entity Name
4715, INC.

Principal Place of Business
**4715 NORTH LOIS AVENUE
 TAMPA FL 33614**

Mailing Address
**4715 NORTH LOIS AVENUE
 TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1107525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **DONALD COLLADO, CPA**
 Street Address (P.O. Box Number is Not Acceptable) **14479 BRUCE B. DOWNS BLVD.**
 City **TAMPA** FL Zip Code **33613**

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 **Donald Collado Agent**

(NOTE: Registered Agent signature required when reinstating)

DATE **8/14/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	D KARAVAS, FRED A 7391 SOUTHWEST 78TH COURT MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4715 N. LOIS AVE TAMPA FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-02 **8/3**
6010016

CR2E034 (4/02)

Attachment

41678

#PO1000015031

8-15-02

FL. DEPT OF STATE

DIV. OF CORP.

PO Box 1500

TALL, FL. 32302-1500

Re: Document # PO1000015031

DEAR JUSTIN,

PURSUANT TO OUR CONVERSATION
I AM ENCLOSED A SIGNED
FORM - ALSO ENCLOSED IS
A COPY OF THE CANCELLED
CHECK AND MY LETTER OF
7-5-02

Thank you

And Q. Karwas

4715, INC.

813-601-0016

Attachment

41678

2:001

Page 1 of 1

Item 1 of 1 for Request Number 0702020301

#PD1000015031

1978

PANTASYLAND ADULT CENTER OF FLORIDA INC
3712 N. Dale Avenue
Tampa Florida 33618

DATE 4-16-82

Dept of STATE \$ 300.00

State Bank and Tr Co

SUNTRUST

State filing fee for corporations

0000000000

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 100968706

APR 25 1982

7000000000

ERIC RAVIN AL

XX 010130

20020513 000000021649952 300.00

200207020101 SCAN01 MJB 00137

SUNTRUST BANK, TAMPA BAY

LUTZ OFFICE

FL-LUTZ-0107