2002 UNIFORM BUSINESS REPORT (UBR)

Aug 19, 2002 8:00 am Secretary of State P01000015031 DOCUMENT # 1. Entity Name 05-05-2002 90103 001 ***300.00 4715, INC. Principal Place of Business Mailing Address 4715 NORTH LOIS AVENUE 4715 NORTH LOIS AVENUE TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1107525 City & State City & State Not Applicable \$8,75 Additional Zip Country Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE KARAVAS, FRED A NAME NAME 4715 N. LOIS AVE 7391 SOUTHWEST 78TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true of the corporation or the receiver or trustee empoy changed, or on an attachment with an address

deposition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the function shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

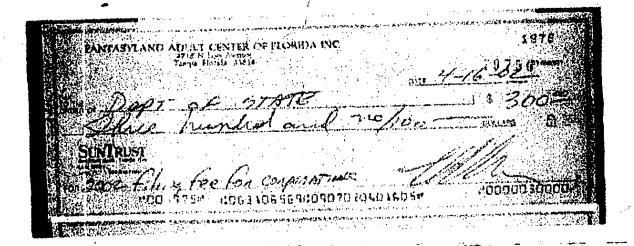
FILED

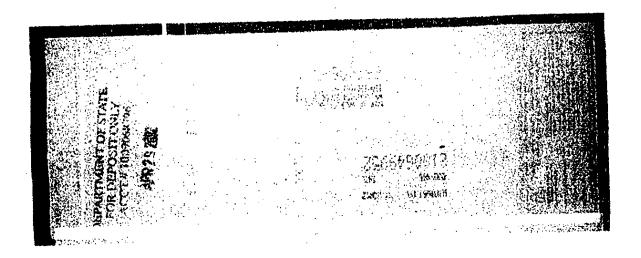
Attachment 41678 8-15-02 DIV. OF CORP. 80 Box 1500 TALL, PZ. 32302-1500 Re: Document # 801000015031 Doon JUSTIN, URSUANT TO OUR CONVENSATION EAM ENCLOSING A SIGNED n-ALSO ENCLOSET copy of THE CANCELLOD Thoux you 4715, FNC. 813-601-0016

Attachment

#-P01000015031

Item 1 of 1 for Request Number 0702020301





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SUMTRUST VANK, TAMPA BAY LUTZ OFFICE FL-LUTZ-0307