

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2002 90075 003 ***150.00

DOCUMENT # *P010000 49041*

1. Entity Name

#1 Investments, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2424 22ND St. No

Suite, Apt. #, etc.

3. Mailing Address

2424 22ND St. No

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Deborah Evans*

Street Address (P.O. Box Number is Not Acceptable)

2424 22ND St. No

City *St. Petersburg* **FL** Zip Code *33713*

**DO NOT WRITE
IN THIS SPACE**

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

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

Deborah Evans

4-30-02

(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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President / Director*
NAME *Deborah Evans*
STREET ADDRESS *2424 22ND St. No*
CITY - ST - ZIP *St. Petersburg, FL. 33713*

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Deborah Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Evans

4-30-02

DATE

Daytime Phone #

(727)

896-8920

CR2E034B (12/01)