

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-29-2002 90061 007 ***150.00

DOCUMENT# P01000062701

1. Entity Name

775, INC.

Principal Place of Business

**1776 RINGLING BLVD.
 SARASOTA FL 34236**

Mailing Address

**1776 RINGLING BLVD.
 SARASOTA FL 34236**

2. Principal Place of Business

**3665 BEE RIDGE RD.
 Suite, Apt. #, etc.**

#310

3. Mailing Address

**3665 BEE RIDGE RD.
 Suite, Apt. #, etc.**

#310

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

Zip

34233

Country

4. FEI Number

65-1125378

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**OLSON, PAUL E
 1776 RINGLING BLVD.
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

**ANINA C. MCSWEENEY
 Street Address (P.O. Box Number is Not Acceptable)
 3665 BEE RIDGE RD. #310
 City SARASOTA FL Zip Code 34233**

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

Anina C. McSweeney

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	TRUSTEE JAIME S. CARRION 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ROBERT MORRIS, JR. P.O. BOX 5722 SARASOTA, FL 34277	<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		<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
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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

Jaime S. Carrion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME S. CARRION 4/5/02 941-923-4551

Date

Daytime Phone #

CP2E034 (9/01)