2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90081 003 ***150.00

055362 AV

B0043799

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000093712

1. Entity Name
4P INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1982 LOCUST BERRY DR KISSIMMEE FL 34745	1982 LOCUST BERRY DR KISSIMMEE FL 34745

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34743	Country	Zip 34743	Country

4. FEI Number 59-374 5754 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, THEMIS
1982 LOCUST BERRY DR
KISSIMMEE FL 34745

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code 34743

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PEREZ, THEMIS 1982 LOCUST BERRY DR KISSIMMEE FL 34745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	34743	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS PEREZ, LUIS 1982 LOCUST BERRY DR KISSIMMEE FL 34745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	34743	☒ Change ☐ Addition
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CR2E034 (9/01)

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: ______________________ 3/2/02 (407) 348-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #