

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90308 025 ***150.00

DOCUMENT # P94000051823

1. Entity Name
THE 1508 CORPORATION

Principal Place of Business **Mailing Address**
1663 MOUND ST **1663 MOUND ST**
SARASOTA FL 34236 **SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0450854** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURMAN, ROBERT G
1663 MOUND ST
SARASOTA FL 34236

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	FURMAN, ROBERT G	
STREET ADDRESS	1663 MOUND STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	CARLIN, MICHAEL G	
STREET ADDRESS	1663 MOUND STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT G. FURMAN

3-27-2002 941-365-7891
Date Daytime Phone #

CR2E034 (9/01)