

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90717 040 \*\*\*150.00

**DOCUMENT # P94000062245**

1. Entity Name

**2495 MCCALL ROAD CORP.**

Principal Place of Business

**2495 MCCALL RD  
ENGLEWOOD FL 34224**

Mailing Address

**431 S CREEK DR  
OSPNEY FL 34229  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 868**

Suite, Apt. #, etc.

City & State

City & State

**Ospney Florida**

Zip

Country

Zip

**34229**

Country

**USA.**

4. FEI Number

**65-0531422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, MARVIN  
431 S CREEK DR  
OSPNEY FL 34229**

7. Name and Address of New Registered Agent

Name

**Marvin Kaplan**

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

**7697 Cove Terrace**

City

**Sarasota**

**FL**

Zip Code

**34231**

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

TITLE **P** ☐ Delete  
NAME **KAPLAN, MARVIN**  
STREET ADDRESS **431 S CREEK DR**  
CITY-ST-ZIP **OSPNEY FL 34229**

TITLE **S** ☐ Delete  
NAME **MILLARD, KEVIN**  
STREET ADDRESS **8858 MISTY CREEK DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition  
NAME **Marvin Kaplan**  
STREET ADDRESS **7697 Cove Terrace**  
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **S.** ☒ Change ☐ Addition  
NAME **Kevin Millard**  
STREET ADDRESS **8317 Eagle Lake Dr.**  
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/02 941-587-9000**

CR2E034 (9/01)