


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0110155 AV

DOCUMENT# P94000064708

1. Entity Name
247 INC.



FILED
05 JAN 27 PM 1:39

Principal Place of Business
**1963 27TH STREET
SARASOTA FL 34234**

Mailing Address
**1963 27TH STREET
SARASOTA FL 34234**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

W04000045570



REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0551251** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**DALEY, ARTHUR F
4931 TREKELL ST.
NORT PORT FL 34287**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **11/15/04**

FILE NOW!!! FEE IS \$550.00
~~After September 10, 2003 Fee will be \$750.00~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DALEY, ARTHUR F	
STREET ADDRESS	4931 TREKELL ST.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Handwritten entries in Block 11:
 ✓ 800042930668
 12/17/04--01073--007 **\$08.75
 → Daley Arthur F
 4931 Trekell St
 North Port FL
 800042930668
 11/22/04--01066--017 **\$300.00
 800042930668
 02/04/05--01013--024 **\$185.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **11/15/04** DAYTIME PHONE #

CR2E034 (4/03)