

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90399 029 \*\*\*158.75

**DOCUMENT # P95000082375**

1. Entity Name  
**8048 CORP.**

Principal Place of Business

13031 B 92ND ST NO.  
 508B  
 LARGO FL 33773-1320  
 US

Mailing Address

8048 93 STREET N  
 SEMINOLE FL 33777-4024  
 US

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 **59-3341668**

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

**MEYER, JOHN J**  
**8048 93 STREET N**  
**LARGO FL 33777**

Name

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

City

**Seminole**

FL

Zip Code  
**33777-4024**

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, 2001 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  Delete  
 NAME **P MEYER, JOHN J.**  
 STREET ADDRESS **8048 93RD STREET NORTH**  
 CITY-ST-ZIP **LARGO FL 33777**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **SEMINOLE, FL 33777-4024**

TITLE  Delete  
 NAME **V MEYER, LUCILLE K.**  
 STREET ADDRESS **8048 93RD STREET NORTH**  
 CITY-ST-ZIP **LARGO FL 33777**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **SEMINOLE, FL 33777-4024**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

Change  Addition  
 TITLE  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 2, 2001*

Date

*727-504-7599*

Daytime Phone #

CR2E034 (10/00)