

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 96000033291

1. Entity Name

STATION 441, Inc.



FILED
03 APR 29 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 S Orange Blossom Tr

3. Mailing Address

2 S Orange Blossom Tr

City & State

Orlando, FL

City & State

Orlando FLORIDA

4. FEI Number

59-3386537

Applied For

Not Applicable

Zip

32805

Country

Zip

32805

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Roshanali RAMZAN

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

2 S Orange Blossom Trail

City Orlando

FL

Zip Code

32805

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

Roshanali

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President/Director
NAME Roshanali, Ramzan
STREET ADDRESS 2 S Orange Blossom Tr
CITY-ST-ZIP Orlando, FL 32805

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500017315825
04/29/03--01063--018 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

T. Lewis 4/29/03

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roshanali

4/29/03

407-425-3772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)