

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

037310 AV

DOCUMENT # P98000048087

1. Entity Name
415 FEDERAL CORP.

02-05-2002 90031 026 ***150.00

Principal Place of Business
2844 BANYAN CIRCLE N.W.
BOCA RATON FL 33431

Mailing Address
1600 ROYAL PALM WAY
BOCA RATON FL 33432



2. Principal Place of Business
1600 Royal Palm Way

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Fl.

City & State

4. FEI Number **65-0887382** Applied For Not Applicable

Zip **33432** Country *Palm Beach* Zip Country

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
ROSEMURGY, JAMES M 1600 ROYAL PALM WAY BOCA RATON FL 33432	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]* DATE *1/18/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEMURGY, JAMES M 2844 BANYAN BLVD. CIR N.W. BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Rosemurgy, James</i> <i>1600 Royal Palm Way</i> <i>Boca Raton, Fl. 33432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROSEMURGY, DEANNA 2844 BANYAN BLVD. CIR N.W. BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <i>Rosemurgy, Deanna</i> <i>1600 Royal Palm Way</i> <i>Boca Raton, Fl. 33432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE *1/18/02* DAYTIME PHONE # *561-367-9599*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)