

09-04-2002 90088 002 ***550.00

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

DOCUMENT # **P9800062139**
 1. Entity Name
8504 INC.

DO NOT WRITE IN THIS SPACE

978149

2. Principal Place of Business
8504 EAST ADAM RD
 Suite, Apt., etc.

3. Mailing Address
8504 EAST ADAM RD.
 Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL 33619
 Zip
33619 Country
AMERICA

City & State
TAMPA Florida
 Zip
33619 Country
AMERICA

4. FEI Number
593538829
 Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SAM CAPITANO
 Street Address (P.O. Box Number is Not Acceptable)
2923 W. SLIGH AVE
TAMPA FLORIDA
 City
 Zip Code
33618

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 **Sam Capitano**
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **08-28-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	John Whaley	8504 EAST ADAM RD	TAMPA FL 33619

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John C Whaley

DATE **08-28-02** Daytime Phone # **813 695 5444**

CR2ED34B (12/01)

Attachment

John C.

P9800062139

Dear Sirs

08-28-02

978149

We have misplaced the form sent to our office and per our telephone conversation with your dept. I was advised to go to your web site and make a copy. The copy of your form has the original signature.

Should you have any further questions please call me at 813 695 5646

Thank you
John M. King