

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

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90088 002 ***550.00

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

City & State

TAMPA FLORIDA

4. FEI Number

593538829

Applied For

Not Applicable

Zip

33619

Country

AMERICA

Zip

33619

Country

AMERICA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

33619

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 title, if applicable.

(NOTE: Registered Agent signature required when revesting)

08-28-02

DATE

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

President
John Whaley
8504 EAST ADAM RD
TAMPA FL 33619

DO NOT WRITE
IN THIS SPACE

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

08-28-02

DATE

Daytime Phone #

813 695 5441

CR2ED34B (12/01)

Attachment

John C.

P9800062139

Dear Sirs

08-28-02

978149

We have misplaced the form sent to our office and as 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. M.