

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90141 005 ***150.00

0515005 AV

DOCUMENT # P98000063384
1. Entity Name
715 CORP.

Principal Place of Business
431 SOUTH CREEK DR.
OSPREY FL 34229

Mailing Address
431 SOUTH CREEK DR.
OSPREY FL 34229

00000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7697 Cove Terrace
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 868
 Suite, Apt. #, etc.

City & State
Sarasota Florida

City & State
Osprey Florida

Zip
34231

Country
USA

Zip
34229

Country
USA

4. FEI Number
65-0867470

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
KAPLAN, MARVIN
431 SOUTH CREEK DR.
OSPREY FL 34229

7. Name and Address of New Registered Agent
Name
Marvin Kaplan
Street Address (P.O. Box Number is Not Acceptable)
7697 Cove Terrace
City
Sarasota **FL** **Zip Code**
34231

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 _____ (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. ☐ **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 ☐ **\$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 | P KAPLAN, MARVIN 431 SOUTH CREEK DR. OSPREY FL 34229 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Marvin Kaplan 7697 Cove Terrace Sarasota, FL 34231 |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 I am empowered.

SIGNATURE: _____ **1/13/02** **941-587-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2014 (9/01)