2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

with all other like empowered.

DIRECTOR

Mar 13, 2002 8:00 am P98000077127 DOCUMENT # **Secretary of State** 1. Entity Name 309 S. 7TH ST., INC. 03-13-2002 90012 003 ***150.00 Mailing Address Principal Place of Business 1179 S.W. ITHACA STREET 1179 S.W. ITHACA STREET PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0867568 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name. PAUSTIAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1179 SW ITHACA ST PORT SAINT LUCIE FL 34952 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition ☐ Change ☐ Delete TITLE TITLE PAUSTIAN, ROBERT NAME NAME 1179 S.W. ITHACA STREET STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE D ☐ Delete TITLE NICKSON, STIX NAME NAME 410 NE CORNWALL AUE 1880 S.E. PORT ST. LUCIE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 HORT ST LUCIE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI E ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied ental 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 receipt of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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