2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

MELBOURNE FL 32901

Suite Apt. #, etc.

City & State

Zip

1221 EAST NEW HAVEN AVENUE

P99000073033

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE FL 32901

1221 EAST NEW HAVEN AVENUE

1. Entity Name

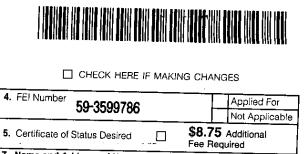
1221 INVESTMENTS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90138 001 ***150.00

60008900



MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE **MELBOURNE FL 32901**

Name	TELLO GIIG ACCITESS OF INC	w negistered A	gent	
i riamo				
Street Address (P.O. B	ox Number is Not Accept	able)		
				—
City		<u></u> -	7 0	
"		FI	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. I am familiar with, and accept

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MOSLEY, CURTIS R NAME Change ■ Addition NAME STREET ADDRESS 1221 EAST NEW HAVEN AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition MOSLEY, CHERYL NAME STREET ADDRESS 1221 EAST NEW HAVEN AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SENATURE REPYRETION SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR

1/13/03 321-984-3842