

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90086 034 ***150.00

0359543

DOCUMENT # V60271

1. Entity Name

9, 8, 7, INC.

Principal Place of Business

440 137TH AVENUE CIRCLE
MADEIRA BEACH FL 33708

Mailing Address

440 137TH AVENUE CIRCLE
MADEIRA BEACH FL 33708

2. Principal Place of Business

11185 9th ST. E.

Suite, Apt. #, etc.

3. Mailing Address

11185 9th ST. E.

Suite, Apt. #, etc.

City & State

TREASURE ISLE, FL

Zip

33706

Country

USA

City & State

TREASURE ISLE, FL

Zip

33706

Country

USA

4. FEI Number

59-3140697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S
5959 CENTRAL AVENUE, STE. 201
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TAPPAN, RICHARD A**
STREET ADDRESS **11185 9TH ST E.**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **TAPPAN, CARLEEN R.**
STREET ADDRESS **11185 9th ST. E.**
CITY-ST-ZIP **TREASURE ISLE, FL 33706**

TITLE **S** ☐ Change ☒ Addition
NAME **NAHON, JAMI L.**
STREET ADDRESS **11185 9th ST. E.**
CITY-ST-ZIP **TREASURE ISLE, FL 33706**

TITLE **AS** ☐ Change ☒ Addition
NAME **STEELE, CYNTHIA D.**
STREET ADDRESS **405 Capri Blvd**
CITY-ST-ZIP **TREASURE ISLE, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Carleen R. Tappan Pres
CARLEEN R. TAPPAN

4/24/01

Date

727-360-3815

Daytime Phone #

CR2E034 (10/00)