

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 046 ***558.75

DOCUMENT # L19046

1. Entity Name
771 PROPERTIES, INC.

Principal Place of Business
**8140 MANASOTA KEY ROAD
 ENGLEWOOD FL 34223**

Mailing Address
~~**26200 AMERICAN DRIVE
 SUITE 305
 SOUTHFIELD MI 48034**~~

2. Principal Place of Business
8140 MANASOTA KEY RD
 Suite, Apt. #, etc.

3. Mailing Address
8140 MANASOTA KEY RD
 Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL.

City & State
ENGLEWOOD, FL.

4. FEI Number **65-1057053**

Applied For
 Not Applicable

Zip **34223**

Country

Zip **34223**

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SAMHAT, HAROLD
 8140 MANASOTA KEY ROAD
 ENGLEWOOD FL 34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold Samhat*
 Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/1/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMHAT, HAROLD 8140 MANASOTA KEY ROAD ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, THOMAS E 48984 POINTE LAKEVIEW DRIVE NEW BALTIMORE MI 48047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, RODGER D 26200 AMERICAN DRIVE, STE. 305 SOUTHFIELD MI 48034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 19.07(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: *HAROLD SAMHAT PRESIDENT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/1/02** Daytime Phone # **248-647-8422**
813-544-3437

CR2E034 (4/02)