2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 426338** SERBIN PRINTING.INC 01-29-2001 90190 042 ***150.00 Mailing Address Principal Place of Business 1530 DOLPHIN ST. 1530 DOLPHIN ST. SARASOTA FL 34236-3792 SARASOTA FL 34236-3792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1458674 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mark SERBIN, JACK J. Street Address (P.O. Box Number is Not Acceptable) 8016 ESTATES DR SARASOTA FL 34243 Zip Code City FL 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Addition Change TITLE ☐ Delete TITLE SERBIN, MARK J NAME NAME STREET ADDRESS 8016 ESTATES DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SERBIN, ROBIN C NAME NAME STREET ADDRESS STREET ADDRESS 8016 ESTATES DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Delete . Change . Addition **VD** TITLE TITLE SERBIN, MARK J. NAME NAME STREET ADDRESS STREET ADDRESS 7702 ESTATES DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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. 01-18-01