## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 482932** 1. Entity Name VAN KIRK & SONS, INC. 03-08-2001 90005 047 \*\*\*150.00 Principal Place of Business Mailing Address 4100 N.W. 120TH AVENUE 4100 N.W. 120TH AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 927850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1618833 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN KIRK, ROBERT JR Street Address (P.O. Box Number is Not Acceptable) 4100 N.W. 120TH AVE CORAL SPRINGS FL 33065 Zip Code 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, 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME VAN KIRK, BOB JR NAME STREET ADDRESS STREET ADDRESS 4100 N.W. 120 AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL TITLE ☐ Delete TITLE Change Addition NAME VAN KIRK, PATRICIA STREET ADDRESS 4100 N.W. 120 AVENUE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE - ~ ☐ Delete TITLE -\_ ☐ Change\_ ☐ Addition NAME VAN KIRK, TIMOTHY NAME STREET ADDRESS 4100 N.W. 120 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetes 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 vith all other like empowered

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR