## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # K36494 1. Entity Name KERN & ZIONTZ, P.A. 05-28-2002 91521 002 \*\*\*150.00 Principal Place of Business Mailing Address 6550 N FEDERAL HWY 6550 N FEDERAL HWY STE 220 **SUITE 220** FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 HS US 2. Principal Place of Business 3. Mailing Address 6550 N. Federal Highway 6550 N. Federal Highway Suite, Apt. #, etc. Suite Apt. #, etc. Suite 330 DO NOT WRITE IN THIS SPACE Suite 330 City & State City & State 4. FEI Number Applied For Ft. Lauderdale, FL 65-0073811 Ft. Lauderdale, FL Not Applicable Country Zip Country 33308 USA 5. Certificate of Status Desired \$8.75 Additional 33308 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ziontz, Harold M.-ZIONTZ, HAROLD M Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HWY., STE. 220 6550 N. Federal Highway FT LAUDERDALE FL 33308 Suite 330 City Ft. Lauderdale 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. Harold M. Ziontz, President (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intampible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ZIONTZ, HAROLD M NAME STREET ADDRESS 6550 N FEDERAL HWY. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F 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

MRHarold M. Ziontz

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

(954) 771-0322 Daytime Phone #

FILED