2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90230 023 ***150.00

DOCUMENT # P99000051607

1. Entity Name
AK BUSINESS SERVICES, INC.

660078

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2360 WILTON DR. #32 WILTON MANORS, FL 33305	2360 WILTON DR #32 WILTON MANORS, FL 33305

2. Principal Place of Business	3. Mailing Address
2360 WILTON DR #32	2360 WILTON DR #32
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILTON MANORS, FL	City & State: WILTON MANORS, FL
Zip: 33305 Country: USA	Zip: 33305 Country: USA

4. FEI Number: 650938977 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMIE KOVAL 2360 WILTON DR. #32 WILTON MANORS, FL 33305	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 1st 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER AMIE KOVAL 2360 WILTON DR. #32 WILTON MANORS, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: AMIE KOVAL — AMIE KOVAL — 4/30/01 — 954-563-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #