

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 024 ***150.00

DOCUMENT # S13091
1. Entity Name

KYNES, MARKMAN & FELMAN, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business BOX 3396 Suite, Apt. #, etc.	3. Mailing Address BOX 3396 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 59-3036139	Applied For Not Applicable
Zip 33601	Country USA	Zip 33601	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARKMAN, STUART C.

Street Address (P.O. Box Number is Not Acceptable)
100 S ASHLEY DR STE 1300

City
TAMPA **FL** **33602**

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKMAN, STUART C. 100 S. ASHLEY DR STE 1300 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FELMAN, JAMES E. 100 S. ASHLEY DR STE 1300 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/16/02** **813-229-1118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/01)