FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 21, 2003 8:00 am Secretary of State DOCUMENT # 227069 04-21-2003 90364 005 \*\*\*150.00 1. Entity Name SER-MAT CORPORATION Principal Place of Business Mailing Address 3104 S. ANDREWS AVENUE 3104 S. ANDREWS AVENUE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-0874449 Not Applicable Zip Country Zip 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-MEYER, GEORGE, JR. Street Address (P.O. Box Number is Not Acceptable) 3104 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DIRECTOR TITLE TITLE ☐ Change X Addition ☐ Delete BRYAN S'LIDSKY 2122 NW 49th AVENUE LOSCHIAVO, LAWRENCE, JR NAME 535 HENDRICKS ISLE #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME MEYER, GEORGE, JR NAME STREET ADDRESS STREET ADDRESS 140 E TROPICAL WAY CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SD NAME NAME PAYNE, BEVERLY STREET ADDRESS STREET ADDRESS 1660 NW 42ND STREET CITY-ST-ZIP CITY-ST-7IP OAKLAND PARK FL T(T) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 supplymental 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 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the receiver of the corporation of the receiver of the r Statutes: and that my name appears in Block 10 or Block 11 if

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SIGNATURE:

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