2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 495645 1. Entity Name C. POSS & COMPANY

FILED Jan 17, 2001 8:00 am Secretary of State

Principal Place of Business	1. Entity Nar S. ROS	s & COMI	PANY		Secretary of State 01-17-2001 90092 025 ***150.00								
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Zip Country	City & Sta	te		City & State				4. FEI Number	59-167278	3		Applied Fo	r
S. Certificate of Status Desired Fee Required F	Zin Country			Zin	ntr.				-	****		able	
KIRSHEN, RICHARD H. 9081 S.W. 56 STREET COOPER CITY FL 33328 City FL Zip Code	Zip Country				5. Certificate of Status Desired								
KIRSHEN, RICHARD H. 9081 S.W. 56 STREET COOPER CITY FL 33328 Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current	Registered Agent		N	1	. Name and A	ddress of New R	legistered	d Agent		
City	KIRS	SHEN, RICH	IARD H.	Magazinia (m. 1900)		Name	-	-		*			
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, typoed or printed name of registered agent and the Vappitable. (NOTE: Registered Agent signature required when rethosising) DATE	9081	TREET		Street A	Street Address (P.O. Box Number is Not Acceptable)								
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, hybert or printed name of registered agent and still of applicable. PATE 9. This corporation is eligible to satisfy its Intanglible Tark filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-S1-2IP TITLE NAME SIRRET ADDRESS CITY-S1-2IP SIRRET ADDRESS CITY-S	COU	JPER CITY	FL 33328								-		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature. Spread or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where refinisating): 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back): 11. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 11. Cohenge Addition 11. Change Addition 12. Change Addition 13. Change Addition 14. Change Addition 15. Change Addition 15. Change Addition 16. Change Addition 17. Change Addition 18. Change Addit										F	Zip C	ode	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when rehability) DATE	8. The above	named entit	v submits this statement fo	the purpose of changing its	s register	ed office o	r registered	agent or both	in the State of Ele		<u>-</u>		
Signature. Nynord or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature renounced when reinstating): DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and efects to do so. Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Made to Fees Made to Fees Made to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE			y outsime and diatomora to	the purpose of changing in	o register	ca onice o	registered	agent, or both,	III the State of Fit	nua.			
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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)(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	Hulcaled	on this repor	t or subblemental report is	true and accurate and that r	nv sinnai	ure snall n	ave the sam	ie lenal ettect a:	s it made under e	ath: that I	am an offic	ser or directo	or I

RICHALO KIRSHEN 1/8/01 305-55
DIRECTOR
Date Date Date Date Dayline Phon