

05-15-2002 90103 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FL0874** ✓
 1. Entity Name
Kenneth A. Wolis
Professional Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3389 Sheridan St		3. Mailing Address 3389 Sheridan St	
Suite, Apt. #, etc. 257		Suite, Apt. #, etc. 257	
City & State Hollywood, FL		City & State Hollywood FL	
Zip 33021	Country USA	Zip 33021	Country USA

DO NOT WRITE IN THIS SPACE

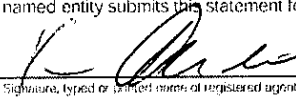
4. FEI Number 29-2158354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KENNETH A. Wolis
Street Address (P.O. Box Number is Not Acceptable) 3389 Sheridan Street
Suite 257
City Hollywood FL Zip Code 33021

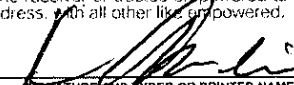
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **KENNETH A. WOLIS** **04/30/02**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT KENNETH A. WOLIS 3389 SHERIDAN ST #257 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **04/30/02** **954-963-2228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E034B (12/01)