

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-13-2001 90002 040 ***500.00
 08-24-2001 90044 030 ****50.00

DOCUMENT # J95211
 1. Entity Name
KIMRY NORTHLAKE, INC.

Principal Place of Business Mailing Address
~~1645 PALM BEACH LAKES BLVD~~ ~~1645 PALM BEACH LAKES BLVD~~
~~SUITE 720~~ ~~SUITE 720~~
~~WEST PALM BEACH FL 33401~~ ~~WEST PALM BEACH FL 33401~~
 US US

2. Principal Place of Business 3. Mailing Address
 1209 NORTH OLIVE AVE 1209 NORTH OLIVE AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 WEST PALM BEACH, FLA WEST PALM BEACH, FLA
 Zip Zip
~~33401~~ 33401
 Country Country

4. FEI Number Applied For
65-0029581 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES BLVD
SUITE 720
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 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 _____ DATE 8/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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

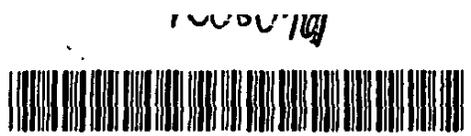
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWENCKE, KERRY R.	
STREET ADDRESS	1645 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHWENCKE, KIM M.	
STREET ADDRESS	701 W. FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED Date 8/27/01 Daytime Phone # 655-5535



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)