

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 007 ***150.00

DOCUMENT # K33769 1. Entity Name UKAR, INC.			
Principal Place of Business 505 S. FLAGLER DR. STE 300 WEST PALM BEACH FL 33401 US		Mailing Address 505 S. FLAGLER DR. STE 300 WEST PALM BEACH FL 33401 US	
2. Principal Place of Business ONE N. CLEMATIS STREET Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 4297 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33401 Country USA		City & State WEST PALM BEACH, FL Zip 33402 Country USA	
4. FEI Number 65-0076694		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - CHOPIN, L. FRANK 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ONE N. CLEMATIS STREET City WEST PALM BEACH, FL Zip Code 33401	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHOPIN, L. FRANK 505 S. FLAGLER DRIVE, SUITE 300 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD KATHLEEN DUROSS 505 S. FLAGLER DRIVE, SUITE 300 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>L. Frank Chopin</i>		3/29/05 921-655-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	