FILED

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

of the corporation or the rece changed, or on an attachme

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # L37151 04-28-2003 91285 012 ***150.00 1. Entity Name CRAMER AND KAHN REALTY, INC. Principal Place of Business Mailing Address 3 W GARDEN ST P.O. BOX 988 11023321 **SUITE 318** PENSACOLA FL 32591 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2980992 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ame and Address of Current Registered Agent 7. Name and Address of New Registered Agent EPRETIVE 1/15/03 KAHN, LOUIS I. Street Address (P.O. Box Number is Not Acceptable) 3 W GARDEN ST **SUITE 318** PENSCOLA FL 32501 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. Make Gheck Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PDTS** Addition TITLE ☐ Delete TITLE ☐ Change KAHN, LOUIS 1 NAME NAME 3 W GARDEN ST SUITE 318 STREET ADDRESS STREET ADDRESS CITY ST-21P CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete --TITLE -Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP policy with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lial 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information a indicated on this report or supplementations.