

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61430

1. Entity Name

KAHN'S MARINE SERVICE, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90078 016 ***158.75

Principal Place of Business

Mailing Address

C/O WILLIAM S. KAHN
115 FEDERAL HWY BOX ~~12550~~ 12399
LAKE PARK FL 33403

P.O. BOX 12399
115 FEDERAL HWY
LAKE PARK FL 33403-0399
US

2. Principal Place of Business

115 Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 12399

City & State

City & State

City & State
Lake Park FL

4. FEI Number 65-0008387

Applied For

Not Applicable

Zip
33403

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, WILLIAM S.
115 FEDERAL HWY
LAKE PARK FL 33403

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME KAHN, WILLIAM S.
STREET ADDRESS 115 FEDERAL HWY
CITY-ST-ZIP LAKE PARK FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME KAHN, CLAUDIA A.
STREET ADDRESS 115 FEDERAL HWY
CITY-ST-ZIP LAKE PARK FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Claudia A. Kahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

561-863-5132

Date

Daytime Phone #

CR2000/0/00