

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90023 018 ***158.75

DOCUMENT # M61430

1. Entity Name
KAHN'S MARINE SERVICE, INC.

Principal Place of Business

C/O WILLIAM S. KAHN
115 FEDERAL HWY
LAKE PARK FL 33403

Mailing Address

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

2. Principal Place of Business

115 Federal Highway
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 530547
 Suite, Apt. #, etc.

City & State

Lake Park FL

City & State

Lake Park FL

Zip
33403

Country

USA

Zip
33403

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

Claudia Kahn

3/7/02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **KAHN, WILLIAM S.**
 STREET ADDRESS **115 FEDERAL HWY**
 CITY-ST-ZIP **LAKE PARK FL 33403**
P.O. Box 530547

TITLE **S** ☐ Delete
 NAME **KAHN, CLAUDIA A.**
 STREET ADDRESS **115 FEDERAL HWY**
 CITY-ST-ZIP **LAKE PARK FL 33403**
P.O. Box 530547

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 Kahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02 561-863-5732

Date

Daytime Phone #

035077 AV

CR2E034 (9/01)