**FILED** 

eve HKMAW 7/2/01 (954) 7862880

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an add

SIGNATURE

## Jul 06, 2001 8:00 am DOCUMENT # P00000053932 **Secretary of State** 1. Entity Name E-TEX INDUSTRIES, INC. 07-06-2001 90278 001 \*\*\*\*61.25 07-06-2001 90278 002 \*\*\*\*88.75 Principal Place of Business Mailing Address 1229 S. OCEAN BLVD., STE. 40 1229 S. OCEAN BLVD., STE. 40 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKMAN, STEVE Street Address (P.O. Box Number is Not Acceptable) 1229 S. OCEAN BLVD., STE. 40 POMPANO BEACH FL 33062 Zip Code FL 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, typed or printed name of registered agent and title if applicable d Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CTSD TITLE ☐ Delete TIT ☐ Change ☐ Addition NAME AKMAN, STEVE STREET ADDRESS 1229 S. OCEAN BLVD., STE. 40 ET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CIT -ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIP CE -ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS ST EET ADDRESS CITY-ST-ZIP - ST- 7IP CF TITLE TIT ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STIFFT 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 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

TO VBR. Attachme I Cot these uniform Business Leport. first time on 7/2/01, and Ison Questo five on the amount instant office 2. Now 15\$550 = 2 Colled the Investigation on. The foled me to Rife these loser to 15 tplaned who and to said this o so with the form. ove these laket. Hank Jou Sinciply