

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 01, 2002 8:00 am
Secretary of State

07-22-2002 90156 048 ***150.00

40388

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000049319			
1. Entity Name PRIDE 4 FLOORS, INC.			
Principal Place of Business 1401 VILLAGE BLVD. APT 822 WEST PALM BEACH FL 33409-2765		Mailing Address 1401 VILLAGE BLVD. APT 822 WEST PALM BEACH FL 33409-2765	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 651122306		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVACH, DENNIS M 1401 VILLAGE BLVD. APT 822 WEST PALM BEACH FL 33409-2765		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KOVACH, DENNIS M 1401 VILLAGE BLVD. APT 822 WEST PALM BEACH FL 33409-2765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>DENNIS M KOVACH</u>		Date _____ Daytime Phone # _____	

CR2034 (4/02)

Attachment
#P01000049319
[REDACTED]

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To Whom It May Concern,

Please accept my check for \$150.00 as I never received a notice of payment due previous to this one. I will be looking out for it next year. So that I can pay it on time. Sorry for the inconvenience. Please call me if you have any questions. My number is (561)635-3100.

Sincerely,

Dennis M. Kovach

Dennis M. Kovach