

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078101

1. Entity Name
KORMAN COMPANIES INCORPORATEDPrincipal Place of Business
2121 PINE TERRACE
SARASOTA FL 34231Mailing Address
2121 PINE TERRACE
SARASOTA FL 34231

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country

Zip Country

4. FEI Number

65-1128824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORMAN, BRIAN
2121 PINE TERRACE
SARASOTA FL 34231

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD Delete
NAME KORMAN, BRIAN
STREET ADDRESS 2121 PINE TERRACE
CITY-ST-ZIP SARASOTA FL 34231TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD Delete
NAME KORMAN, LAURA R
STREET ADDRESS 2121 PINE TERRACE
CITY-ST-ZIP SARASOTA FL 34231TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD Delete
NAME KORMAN, TYLER E
STREET ADDRESS 2121 PINE TERRACE
CITY-ST-ZIP SARASOTA FL 34231TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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:

Brian Korman Brian Korman 4-1-02 (941) 924-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0515764
AV

CR2E034 (9/01)