

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90141 045 ***158.75

0191744 AV

DOCUMENT # P01000097806

1. Entity Name
JAWAK, INC.

Principal Place of Business Mailing Address

286 LIBERTY LN. **286 LIBERTY LN.**
MELBOURNE BEACH FL 32951 **MELBOURNE BEACH FL 32951**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3759414 Not Applicable

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

6. Name and Address of Current Registered Agent

HOUCK, THOMAS C
312 S. HARBOR CITY BLVD., STE. 1
MELBOURNE FL 32901

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 _____ (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	D <input type="checkbox"/> Delete
NAME	SMARK, ANNE
STREET ADDRESS	286 LIBERTY LN.
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMARK, ANNE
STREET ADDRESS	286 LIBERTY LANE
CITY-ST-ZIP	MELBOURNE Bch FL 32951
TITLE	S/V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, ALAN
STREET ADDRESS	1526 SILVER BELL LANE
CITY-ST-ZIP	ORANGE PARK FL 32003
TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, NANCY
STREET ADDRESS	1526 SILVER BELL LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, WALTER
STREET ADDRESS	824 WYEMOUTH DR.
CITY-ST-ZIP	NEWPORT NEWS, VA 23602
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMARK, JOSEPH
STREET ADDRESS	29413 INDEPENDENCE
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANISZEWSKI, KAREN
STREET ADDRESS	47761 STEPHANIE
CITY-ST-ZIP	MACOMB, TWP. MI 48044

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: SIGNATURE REQUIRED **REDANNE SMARK** 4/15/02 - 321-956-8729
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)