

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90141 045 ***158.75

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DOCUMENT # P01000097806

1. Entity Name

JAWAK, INC.

Principal Place of Business

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

Mailing Address

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

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

59-3759414

☒ Applied For
☐ 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

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 **D** ☐ Delete
 NAME **SMARK, ANNE**
 STREET ADDRESS **286 LIBERTY LN.**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/C** ☒ Change ☐ Addition
 NAME **SMARK, ANNE**
 STREET ADDRESS **286 LIBERTY LANE**
 CITY-ST-ZIP **MELBOURNE Bch FL 32951**

TITLE **S/V/D** ☐ Change ☒ Addition
 NAME **SMARK, ALAN**
 STREET ADDRESS **1526 SILVER BELL LANE**
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **SMARK, NANCY**
 STREET ADDRESS **1526 SILVER BELL LANE**
 CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE **D** ☐ Change ☒ Addition
 NAME **SMARK, WALTER**
 STREET ADDRESS **824 Wyemouth Dr.**
 CITY-ST-ZIP **Newport News, Va 23602**

TITLE **D** ☐ Change ☒ Addition
 NAME **SMARK, Joseph**
 STREET ADDRESS **29413 Independence**
 CITY-ST-ZIP **BIG PINE Key, FL 33043**

TITLE **D** ☐ Change ☒ 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 ANNE SMARK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 - 321-956-8729
 Date Daytime Phone #

CR2E034 (9/01)