## **2003 FOR PROFIT CORPORATION**

## **FILED** Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P92000011345 1. Entity Name 03-17-2003 90661 028 \*\*\*150.00 PREMARK, INC. Principal Place of Business Mailing Address 4126 PRESCOTT STREET 4126 PRESCOTT STREET 70029023 SARASOTA FL 34232 SARASOTA FL 34232 US US 2. Principal Place of Business 3. Mailing Address 824 HARRINGTON LAKE LAME 824 HARRINGTON LAKE LANE Suite, Apt. #, etc. Suite, Apt. #, etc TY CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For VENICE Florida 65-0374767 ENICE Not Applicable Zip \$8.75-Additional 5. Certificate of Status Desired 34a93 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCHANSKY, EDMUND A Street Address (P.O. Box Number is Not Acceptable) **4126 PRESCOTT STREET** SARASOTA FL 34232 City Zip Code **34243** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F Delete TITLE DLuchansky Edmund A. Addition NAME LUCHANSKY, EDMUND A NAME STREET ADDRESS 824 HARRINGTON LAKE LANE 4126 PRESCOTT STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Venice FL 34293 TITLE Delete TITLE Change Addition Luchansky John F. NAME LUCHANSKY, JOHN F NAME STREET ADDRESS 824 HARRINGTON LAKE LANE 23561 SANDY CREEK TERR #1304 STREET ADDRESS .CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Venice F1. 34293. TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET 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

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/02