2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000041117

| 1. Entity Name KRYMAR ENTERPRISES, INC. | | | | |
|---|------------------------|--|--|--|
| Principal Place of Business | Mailing Address | | | |
| 2374 SW FRISCO TERR | 2374 SW FRISCO TERR | | | |
| PORT ST LUCIE FL 34953 | PORT ST LUCIE FL 34953 | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | |

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91306 019 ***150.00

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| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | ☐ CHECK HERE IF MA | KING CI | HANGES | | | | |
| City & State City & State | | | | | + | 4. FEI Number | | IAc | plied For | | | |
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| Zip | | Country | Zip Count | | | try | Τ. | | \$8 | 3.75 Add | | |
| | | | | | | | 5 | 5. Certificate of Status Desired | Fe | e Require | d | |
| | 6. Name | and Address of Current | Registere | d Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| | • - | | | | | Name | Name | | | | | |
| DULFER, | KEVIN C | | | | | Street Addres | ess (P.O | D. Box Number is Not Acceptable) | | | | |
| 2374 SW: | FRISCO TE | RRACE | | | | | | | _ | | | |
| | LUCIE FL 3 | | | | | | | | | | | |
| | | | | | | City | | | <u> </u> | Zip Code | - | |
| <u> </u> | | | | | | L | | ***** | FL | | | |
| | named entity ions of regist | | r the purp | ose of changing its | registere | ed office or regi | istered | I agent, or both, in the State of Florida. I | am fam | illiar with, | and accept | |
| SIGNATURE | Signature typed | or printed name of registered agent a | and title if ann | licable (NOTE | Penietera | d Agent signature req | nuired whe | neg reinstating) | ATE | | | |
| | | ·——· | | (14012 | - Tiegisteto | | | Silver and the second s | | | | |
| | | ! FEE IS \$150.00 | | | | | | 9. Election Campaign Financing | 3 | \$5.0 | O May Be | |
| | • | 3 Fee will be \$550.00 Florida Department of | State | | | | | Trust Fund Contribution. | | | to Fees | |
| 10. | | OFFICERS AND | | DO | 11. | · · · · · · · · · · · · · · · · · · · | | ADDITIONS/CHANGES TO OFFICERS | AND D | DECTOR | S (6) 4.4 | |
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12. 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 Hispreport 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.

SIGNATURE:

4-24-03

772-878-2818