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Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 18, 2002 8:00 am P94000021144 DOCUMENT # Secretary of State 1. Entity Name DANIEL P. EHMKE, C.P.A., P.A. 02-18-2002 90177 032 \*\*\*150.00 Mailing Address Principal Place of Business **621 S. FEDERAL HIGHWAY** 621 S. FEDERAL HIGHWAY SUITE 9 SUITE 9 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0476672 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EHMKE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 621 S. FEDERAL HIGHWAY SUITE 9 FT. LAUDERDALE FL 33301 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition DPS TITLE TITLE ☐ Delete EHMKE, DANIEL NAME NAME 621 S. FEDERAL HIGHWAY, STE 9 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that y si of the corporation or the receiver or trustee empowered to execute this report as rethe exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath; that I am an officer or director 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 addr