2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2001 8:00 am Secretary of State DOCUMENT # P9500053188 1. Entity Name KENWICK INDUSTRIES, INC. 05-07-2001 90055 012 ***150.00 Mailing Address Principal Place of Business 660 LINTON BLVD 660 LINTON BLVD SUITE #102 SUITE #102 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0596319 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WULWICK KENNETH WEISSMAN, HAROLD 1776-PINE ISLAND RU. SUITE 118 PLANTATION FE-33322 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE NABRIDGE, MARGIE NAME 660 LINTON BLUD SUITE#203 NAME STREET ADDRESS STREET ADDRESS 2445 E SUNRISE BLVD, STE 512 CITY-ST-ZIP CITY-ST-7IP FT-LUD FL 33304 TITI F ☐ Delete NAME 660 LINTON BLVD SUTTE#201 DELRAY BEACH, FL 33445 GLICKMAN, SHEL STREET ADDRESS STREET ADDRESS 2445 E SUNRISE BLVD, 512 CITY-ST-ZIP CITY-ST-ZIP FT LAUD FL 33304 ☐ Delete TITLE TITLE 660 LIDTON BLVD SUITE#209 DELRAY BEACH, FL 33445 NAME NAME WULWICK, KENNETH STREET ADDRESS STREET ADDRESS 2455-E-SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FT-LAUDERDALE FL 33304 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... - 🔲 Delete .. TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 regeiver 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.

4-26-01 561-278-6090

Date Davime Phone #