

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90005 006 \*\*\*158.75

**DOCUMENT # P97000036482**

1. Entity Name  
**KOVACK SECURITIES INC.**

Principal Place of Business <b>180 COMPASS DRIVE          FORT LAUDERDALE FL 33308</b>	Mailing Address <b>180 COMPASS DRIVE          FORT LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1600 S. Federal Hwy          Suite, Apt. #, etc.          STE 1101          City &amp; State          Pompano Beach FL          Zip          33062          Country          US</b>	3. Mailing Address <b>1600 S. Federal Hwy          Suite, Apt. #, etc.          STE 1101          City &amp; State          Pompano Beach FL          Zip          33062          Country          US</b>
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4. FEI Number <b>65-0747270</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOVACK, RONALD  
 180 COMPASS DRIVE  
 FT. LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 Ronald J Kovack Chairman Ronald J Kovack 1-17-01  
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, 2001 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 <b>D Chairman</b>	<input type="checkbox"/> Delete
NAME <b>KOVACK, RONALD J</b>	
STREET ADDRESS <b>180 COMPASS DRIVE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33308</b>	
TITLE <b>President - D</b>	<input type="checkbox"/> Delete
NAME <b>BRIAN J. KOVACK</b>	
STREET ADDRESS <b>180 COMPASS DRIVE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33308</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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: Ronald J Kovack - Ronald J. Kovack Chmn 1-17-01 954-491-1825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #