2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P9700040246 CHERMANSKI INCORPORATED 04-09-2001 90056 019 ***150.00 Principal Place of Business Mailing Address 2380 JASON ST 2380 JASON ST MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3443781 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHERMANSKI, DAVID G Street Address (P.O. Box Number is Not Acceptable) 2380 JASON ST **MERRITT ISLAND FL 32952** Porpoise St. 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITI F TITLE Delete CHERMANSKI, DAVID G NAME NAME 2380 JASON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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