

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90060 021 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000019966**

1. Entity Name  
**KENDALL PROCESS SERVERS, INC.**

Principal Place of Business <b>15365 SW 43RD TERRACE MIAMI FL 33185 US</b>	Mailing Address <b>POST OFFICE BOX 960640 MIAMI FL 33296</b>
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2. Principal Place of Business <b>8701 SW 137TH Ave., Suite, Apt. #, etc. Ste 307</b>		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>MIA. FL.</b>		City & State	
Zip <b>33183</b>	Country <b>DADE</b>	Zip	Country

4. FEI Number <b>65-0816217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**TOCKMAN, STUART L  
21 SOUTHEAST FIRST AVENUE  
SUITE 800  
MIAMI FL 33131**

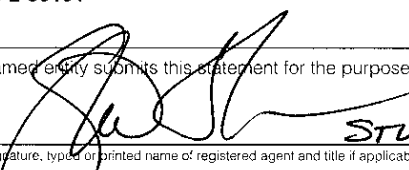
7. Name and Address of New Registered Agent

Name  
**STUART L. TOCKMAN Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**8701 SW 137TH Ave.,  
Suite 307**

City  
**MIAMI** FL Zip Code  
**33183**

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  **STUART L. TOCKMAN Esq.** DATE **3/1/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TOCKMAN, YOLANDA V POST OFFICE BOX 960640 MIAMI FL 33296</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD. YOLANDA TOCKMAN 8701 SW 137TH Ave., Ste 307 MIA. FL. 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **YOLANDA V. TOCKMAN, President.** DATE **3/1/01** Daytime Phone # **(305) 752-2145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)