## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT #- P98000038104 1. Entity Name 05-15-2001 90145 039 \*\*\*150.00 KENNETH S. YERMAK, INC. Principal Place of Business Mailing Address 11444 LAKEVIEW DR 11444 LAKEVIEW DR CORAL SPRINGS FL 33071-7203 765012 CORAL SPRINGS FL 33071-7203 3. Mailing Address 2. Principal Place of Business 3660 Northwest 113th Ave 3660 Northwest 113th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0831948 Not Applicable Coral Springs, Florida Coral Springs, Florida Country Country \$8.75 Additional Zip ' 5. Certificate of Status Desired 33065 Fee Required USA 33065 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YERMAK, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 11444 LAKEVIEW DR -<u>3660 Northwest\_113th Avenue</u> CORAL SPRINGS FL 33071-7203 City Zip Code FL Coral Springs, 33065 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE NAME NAME YERMAK, KENNETH S 3660 Northwest 113th Avenue STREET ADDRESS STREET ADDRESS 11444 LAKEVIEW DR Coral Springs, Florida 33065 CITY-ST-ZIP CITY-ST-ZIE CORAL SPRINGS FL 33071-7203 ☐ 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-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 secure 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.

Kenneth S. Yermak YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)227-3303

Daytime Phone #

CR2E034 (10/00)