FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

4/15/2002 716-677-6350

DOC	CUMENT #DOC	Secretary of State		
1. Entity	Name +440	201060A	23	04-29-2002 90150 034 ***158.75
IV C	odok, Inc.			
				Sin Line
	DO NOT WRITE	IN THIS S	PACE	
2. Princip	al Place of Business			,
<u> </u>	84 S. DOVER TON	3. Mailing Address	n	***************************************
	Apt. #. etc.	Suite, Apt. #, etc.	Jover Fer	DO NOT WRITE IN THIS SPACE
City & S	erness, FL	City & State		4. FE! Number
Zip Country		Inverness, FL		59 - 3 6 / 2 7 / 4 Applied For Not Applicable
344	<u>52 USA </u>	34452	Country 4 5 A	5. Certificate of Status Desired \$8.75 Additional
			Name	7. Name and Address of Current Registered Agent
	DO NOT WRITE			dward Jakat
	IN THIS SP		Street Addr	ress (P.O. Box Number is Not Acceptable)
		NOL .	[3380	4 South Dover Terrace
0 Th			City Tu	
• The abov	e named entity submits this statement for t	the purpose of changing its re	egistered office or reg	istered agent, or both, in the State of Florida.
SIGNATURE	<u> </u>			3 and 3 south the State of Piorida.
<u> </u>	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: I	Registered Agent signature rec	Quired when reinstation)
9. This corp	oration is eligible to satisfy its intangible requirement and elects to do so.	January 1 - Mar	v 1 Fee is \$150 pg	ONE
(See crite	oria on back)	Aiter may 1,	. Fee is \$550.00	10. Election Campaign Financing \$5.00 Acres
11.	OFFICERS AND DI	RECTORS	to Department of S	State Trust Fund Contribution. Added to Fees
TITLE NAME	Chief Executive Offi	'cer	TITLE IN THE	
STREET ADDRESS	Edward Jakob 3384 South Dover	· To	NAME	201
CITY-ST-ZIP	Inverness, FL 34	452	STREET ABORESS City-St-Zip	CR2E034B (12/01)
NAME 5	Judy Jakob		uuri.	034
STREET ADDRESS	3384 South Dove	or Terrace	NAME STREET ADDRESS	O.Z.
CITY-ST-ZIP TITLE	Inverness, FL 34.	452	CIFY-ST-ZIP	
NAME			TITLE	
STREET ADDRESS CITY-ST-ZIP	• •		NAME STREET ADDRESS	
TITLE			City-St-ZiP	DO NOT WRITE
NAME			AUTE	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS	IN THIS SPACE
TITLE			CITY-ST-ZIP	
NAME		■ 3	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
ITLE			CITY-ST-ZIP	
IAME TREET ADDRESS			TITLE NAME	
TITY-ST-ZIP			STREET ADDRESS	
3. I hereby cer	rtify that the information supplied with this f	iling does not qualify for the a	CITY ST-ZIP	ection 119.07(3)(i). Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 11 or on the