FILED May 17, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # V02706 1. Entity Name 05-17-2002 90017 014 ***150.00 KRUGER & COMPANY, P.A. Principal Place of Business Mailing Address 2400 W. CYPRESS CREEK RD 2400 W. CYPRESS CREEK ROAD SUITE 204 SUITE 204 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 2700 W Cypress Creek Rd 2700 W Cypress Creek Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite D-135 Suite D-135 City & State 4. FEI Number Applied For 65-0300206 Fort Lauderdale FL Fort Lauderdale FI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33309 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRUGER, ALLAN I. Szertofdress (PCVBOX Number is Not Acceptable) ad 2400 W. CYPRESS CREEK ROAD SUITE 204 D - 135FT LAUDERDALE FL 33309 ^{City} Fort <u>Lauderdale</u> 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME KRUGER, ALLAN I. NAME STREET ADDRESS 2400 W. CYPRESS CREEK ROAD, SUITE 204 STREET ADDRESS 2700 W Cypress Creek Rd CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP Fort Lauderdale FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP



Allan I. Kruger

Daytime Phone #