

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90306 035 \*\*\*150.00

**DOCUMENT # V59483**

1. Entity Name  
**S.K.N. PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**C/O REUBEN SERKIN  
 3518 NW 30TH PLACE  
 GAINESVILLE FL 32605**

**C/O REUBEN SERKIN  
 3518 NW 30TH PLACE  
 GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

**12762 AVALON COVE DR. N.**

**12762 AVALON COVE DR. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**JACKSONVILLE FL.**

**JACKSONVILLE FL.**

Zip

Country

Zip

Country

**32224**

**USA**

**32224**

**USA**

4. FEI Number **65-0360976**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERKIN REUBEN  
 3518 NW 30TH PL  
 GAINESVILLE FL 32605**

Name

**REUBEN SERKIN**

Street Address (P.O. Box Number is Not Acceptable)

**12762 AVALON COVE DR. N.**

City

**JACKSONVILLE**

**FL**

Zip Code

**32224**

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 *Reuben Serkin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SERKIN, RUEBEN</b>	
STREET ADDRESS	<b>3518 NW 30TH PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SERKIN, MIRIAM J</b>	
STREET ADDRESS	<b>416 COMO AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SERKIN, MARILYN J</b>	
STREET ADDRESS	<b>3518 NW 30TH PL.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>12762 AVALON COVE DR. N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reuben Serkin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-01**  
 Date

**904-223-9714**  
 Daytime Phone #

CR2E034 (10/00)