## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 21, 2001 8:00 am Secretary of State **DOCUMENT # 544101** 1. Entity Name KASHNER DAVIDSON SECURITIES CORPORATION 03-21-2001 90047 020 \*\*\*150.00 Principal Place of Business Mailing Address 77 S. PALM AVE. 77 S. PALM AVE. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For-4. FEI Number City & State City & State 59-1773381 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRTLEY, WILLIAM T., PA Street Address (P.O. Box Number is Not Acceptable) 702 SARASOTA QUAY SARASOTA FL 34236 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change COB ☐ Delete TITLE TITLE KASHNER, VICTOR L. NAME NAME STREET ADDRESS 77 S. PALM AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition **PCEO** ☐ Change ☐ Delete TITI F NAME MEISTER, MATTHEW NAME STREET ADDRESS .77=8::PALM.AVE - 😅 🚄 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change **X** Addition TITLE Delete TITLE ROTHEL ALH, ROTHENBACH, MELISSA NAME NAME 71 S. PALM AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3-16-2001

941-951-2626

Change

☐ Addition