## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2002 8:00 am Secretary of State DOCUMENT # 544101 1. Entity Name KASHNER DAVIDSON SECURITIES CORPORATION 04-23-2002 90436 034 \*\*\*150 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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1773381 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fergeson, Skipper, Shaw, Keyser, Baron, & Tirabassi, P.A. KIRTLEY, WILLIAM T., PA 1515 Ringling Boulevard **702 SARASOTA QUAY Suite 1000** Sarasota, Florida 34236 SARASOTA FL 34236 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. 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 COB ☐ Addition TITLE ☐ Delete Change TITLE KASHNER, VICTOR L. NAME MAME STREET ADDRESS 77 S. PALM AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP TITLE **PCEO** ☐ Delete TITLE ☐ Change Addition NAME MEISTER, MATTHEW NAME STREET ADDRESS 77 S. PALM AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ · Change ☐ Addition ☐ Delete ROTHENBACH: MELISSA = NAME STREET ADDRESS STREET ADDRESS 77 S. PALN AVE CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chanced, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR