

DOCUMENT # F00000002695

1. Entity Name  
**BUSINESS ADVISORY SERVICES, INC.**

Principal Place of Business  
**21301 POWERLINE RD., SUITE 309  
BOCA RATON FL 33433**

Mailing Address  
**21301 POWERLINE RD., SUITE 309  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-0979328**

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

**KRASSENSTEIN, J.D.  
21301 POWERLINE RD., STE 309  
BOCA RATON FL 33433**

Name

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

City

**FL**

Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPT  
KRASSENSTEIN, J.D.  
21301 POWERLINE RD., SUITE 309  
BOCA RATON FL 33433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
KRASSENSTEIN, JONATHAN T  
918 DALE AVE.  
BRADFORD WOODS PA 15015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRASSENSTEIN, DANIEL M  
17 TULIP LANE  
SHORT HILLS NJ 07078** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRASSENSTEIN, VELMA C  
2396 TIMBERCREEK CIRCLE  
BOCA RATON FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KRASSENSTEIN, JULIET  
918 DALE AVE.  
BRADFORD WOODS PA 15015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NIESON, RUTH  
1611 SWEETBRIAR RD.  
GLADWYNE PA 19035** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J.D. KRASSENSTEIN**

Date

Daytime Phone #

**1/5/01**

**561-487-1880**

**FILED  
Jan 08, 2001 8:00 am  
Secretary of State**

01-08-2001 90059 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)