

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F55891**

1. Entity Name  
**KAZECK & ASSOCIATES, INC.**

Principal Place of Business  
**406 LAKE HOWELL ROAD  
MAITLAND FL 32751  
US**

Mailing Address  
**P.O. BOX 948077  
MAITLAND FL 32794  
US**

2. Principal Place of Business  
**406 LAKE HOWELL ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 948077**  
Suite, Apt. #, etc.

City & State  
**MAITLAND FL**  
Zip  
**32751**

City & State  
**Maitland, FL**  
Zip  
**32794**

Country

4. FEI Number  
**59-2148741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**KAZECK, THOMAS A.  
1660 MAITLAND AVE  
MAITLAND FL 32751**

## 7. Name and Address of New Registered Agent

Name  
**THOMAS A. KAZECK**

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

**406 LAKE HOWELL ROAD**

City  
**MAITLAND**

FL

Zip Code  
**32751**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST KAZECK, THOMAS A 1660 MAITLAND AVE MAITLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST THOMAS A. KAZECK 406 LAKE HOWELL ROAD MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**3/22/2002** **407-339-6161**  
Date Daytime Phone #

0091562 AV

CR2E034 (9/01)