


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 11 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>J39732</u>	
1. Entity Name <u>KASLERS</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>88 SO. DIXIE HWY</u> Suite, Apt. #, etc.	3. Mailing Address <u>88 SO DIXIE HWY</u> Suite, Apt. #, etc.
--	---

City & State <u>ST. AUGUSTINE, FL</u>	City & State <u>ST. AUGUSTINE, FL</u>
Zip <u>32084</u>	Country <u>USA</u>
Zip <u>32084</u>	Country <u>USA</u>

4. FEI Number <u>592728873</u>	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>BARRY S. KASS</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>88 SO. DIXIE HWY</u>	
	City <u>ST. AUGUSTINE</u> FL Zip Code <u>32084</u>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 8/20/03
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>BARRY S. KASS</u> <u>3832 HICKORY LANE</u> <u>ST. AUGUSTINE, FL 32086</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>000023022328</u> <u>09/12/03--01060--025 **\$900.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SJT</u> <u>CAROL P. KASS</u> <u>3832 HICKORY LANE</u> <u>ST. AUGUSTINE, FL 32086</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JOSHUA S. KASS</u> <u>152 FT OF YOUTH BLVD</u> <u>ST. AUGUSTINE, FL 32080</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JONATHAN C. KASS</u> <u>2401 BAYSHORE BLVD APT 812</u> <u>TAMPA, FL 33629</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>SHAYNA P KASS</u> <u>3832 HICKORY LANE</u> <u>ST. AUGUSTINE, FL 32086</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied in 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 supplement thereto 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE _____ DAYTIME PHONE # _____
(Signature and typed or printed name of signing officer or director)

CR2E034B (12/02)