

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90102 018 \*\*\*150.00

**DOCUMENT # J64288**

1. Entity Name

**KASPER ELECTRICAL, INC.**

Principal Place of Business

7661 167TH CT. NORTH  
 PALM BEACH GARDENS FL 33418

Mailing Address

7661 167TH CT. NORTH  
 PALM BEACH GARDENS FL 33403-2348

2. Principal Place of Business

**1125 OLD DIXIE HWY**  
 Suite, Apt. #, etc.  
**# 9**

3. Mailing Address

**1125 OLD DIXIE HWY**  
 Suite, Apt. #, etc.  
**# 9**



DO NOT WRITE IN THIS SPACE

City & State

**LAKE PARK, FLA**

City & State

**LAKE PARK FLA**

4. FEI Number

**59-2790828**

Applied For

Not Applied For

Zip

**33403**

Country

**Palm Beach**

Zip

**33403**

Country

**Palm Beach**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RADANOVICH, MARGARET A.**  
**520 INLET RD.**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KASPER, LEONARD J. JR.</b>	
STREET ADDRESS	<b>7661 167TH CT NORTH</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KASPER, KIMBERLY G.</b>	
STREET ADDRESS	<b>7661 167TH CT NORTH</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-2000**

Date

**(561) 845-1660**

Daytime Phone #