

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90204 031 \*\*\*150.00

0369410 AV

**DOCUMENT # P00000010534**

**1. Entity Name**  
**L KRISHAK ASSOCIATES, INC.**

**Principal Place of Business**

**721 SANCTUARY COVE DR.  
 N. PALM BEACH FL 33410**

**Mailing Address**

**P.O. BOX 31482  
 PALM BEACH GARDENS FL 33420**

**2. Principal Place of Business**

**N. Palm Beach**

**3. Mailing Address**

**PO BOX 31482**

**Suite, Apt. #, etc.**

**721 Sanctuary Cove Dr.**

**Suite, Apt. #, etc.**

**City & State**

**N. Palm Beach, FL**

**City & State**

**Palm Beach Gardens FL**

**Zip**

**Country**

**33410 FL**

**US**

**Zip**

**33420**

**Country**

**US**

**4. FEI Number**

**59-3623822**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**KRISHAK, LINDA M**

**721 SANCTUARY COVE DR.  
 N. PALM BEACH FL 33410**

**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**

*Linda M. Krishak*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-2002**

**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**  
**P**  
**KRISHAK, LINDA M**  
**721 SANCTUARY COVE DR.**  
**N. PALM BEACH FL 33410**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:**

*Linda M. Krishak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-2002**

CR2E034 (9/01)