

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/16/

FILED

May 05, 2001 8:00 am  
Secretary of State

04-16-2001 90258 004 \*\*\*150.00

DOCUMENT # P00000029815

1. Entity Name

RHONDA S. KRSANAC INC.

Principal Place of Business

22682 PICKEREL CIRLCE  
BOCA RATON FL 33428

Mailing Address

22682 PICKEREL CIRLCE  
BOCA RATON FL 33428

2. Principal Place of Business

11497 Orange Blossom Ln.  
Suite, Apt. #, etc.

3. Mailing Address

11497 Orange Blossom Ln.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

JN 65-0995262

Applied For

Not Applicable

Zip

33428

Country

Palm Beach

Zip

33428

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRSANAC, RHONDA S  
22682 PICKEREL CIRLCE  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Rhonda S. Krsanac

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

11497 Orange Blossom Ln.

City

Boca Raton, FL FL

Zip Code

33428

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

Rhonda S. Krsanac - Pres.

4-11-01

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

TITLE President  
NAME Rhonda S. Krsanac  
STREET ADDRESS 11497 Orange Blossom Lane  
CITY-ST-ZIP Boca Raton, FL 33428

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Rhonda S. Krsanac - Pres

4-11-01

Date

561-451-3604

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)