

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90058 005 \*\*\*150.00

**DOCUMENT # P00000032745**

1. Entity Name  
**OSSINSKY AND KROL, P.A.**

Principal Place of Business  
**444 SEABREEZE BLVD., SUITE 210**  
**DAYTONA BCH FL 32118**

Mailing Address  
**444 SEABREEZE BLVD., SUITE 210**  
**DAYTONA BCH FL 32118**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3638913**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSSINSKY, LOUIS JR.**  
**444 SEABREEZE BLVD., SUITE 210**  
**DAYTONA BCH FL 32118**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSSINSKY, LOUIS JR.</b> <b>444 SEABREEZE BLVD., SUITE 210</b> <b>DAYTONA BCH FL 32118</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
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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]* **President** Date: *1/4/02* Daytime Phone #: *(386) 252-3751*

CR2E034 (9/01)

*Doct#*

*P00000032745*

*304646*

**OSSINSKY AND KROL, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW  
444 SEABREEZE BOULEVARD  
SUITE 210  
DAYTONA BEACH, FLORIDA 32118-3941

LOUIS OSSINSKY, SR. (1902-1971)  
JOSEPH D. KROL  
LOUIS OSSINSKY, JR.

TELEPHONE  
(386) 252-3751  
FAX  
(386) 255-6247

January 15, 2002

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

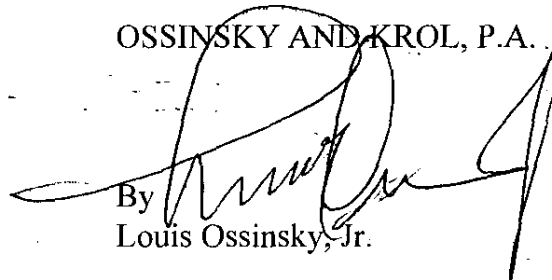
Re: Ossinsky and Krol, P.A.

Dear Sir/Madam:

Enclosed please find 2002 annual report together with check in the amount of \$150.00 to your order to cover cost of filing.

Cordially yours,

OSSINSKY AND KROL, P.A.

By   
Louis Ossinsky, Jr.

LO, JR/kf  
Enclosures