

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90295 017 ***150.00

DOCUMENT # P00000066498



1. Entity Name
KRUGMAN GROUP INTERNATIONAL, INC.

Principal Place of Business
**4739 CENTRAL AVENUE
SAINT PETERSBURG FL 33713**

Mailing Address
**4739 CENTRAL AVENUE
SAINT PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3655981**

Applied For

Not Applicable

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

**MIZO, ARMANDO F
25400 US 19 NORTH STE 210
CLEARWATER FL 33763**

Name **CAROL L. KRUGMAN**
Street Address (P.O. Box Number is Not Acceptable) **4739 CENTRAL AVE**
City **ST PETERSBURG** FL Zip Code **33713**

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 *Carol L. Krugman*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KRUGMAN, CAROL L**
STREET ADDRESS **12000 CAPRI CIRCLE SOUTH STE 16**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **PNAS** ☒ Change ☐ Addition
NAME **PNAS**
STREET ADDRESS **4739 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG - FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carol L. Krugman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/24/03

CR2E034 (10/02)