2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000004284 DOCUMENT

1. Entity Name

KIRSKY PROPERTIES, INC.

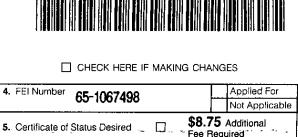
Principal Place of Business 4055 TAMIAMI TR. STE A-4 PORT CHARLOTTE FL 33952 Mailing Address

4055 TAMIAMI TR. STE A-4 PORT CHARLOTTE FL 33952

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

Mar 31, 2003 8:00 am Secretary of State **FILED**

03-31-2003 90291 050 ***150.00



6. Name and Address of Current Registered Agent KJRSHY KIRKY, RUSSELL T 4055 TAMIAMI TR. STE A-4 PORT CHARLOTTE FL 33952

Name		
Street Address (P.O. Box Number	s Not Acceptable)	
City	Zip Code	

7. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE KIRSHY, RUSSELL T. KIRSKY, RUSSELL T NAME NAME 4055 TAMIAMI TRAIL, Suite A-4 STREET ADDRESS 4055 TAMIAMI TR, STE A-4 STREET ADDRESS POIT CHARLOTTE, FL 33952 PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE KIRSHY, ANGELA M. NAME KIRSKY, ANGELA M NAME 4055 TAMIAMI TRAIL, Suite A-4 STREET ADDRESS 4055 TAMIAMI TR, STE A-4 STREET ADDRESS PORT CHARLOTTE, FL 33952 CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP ☐ Delete THILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 chapted or on an attachment with an address, with all the like empowered. changed, or on an attachment with an ac-

SIGNATURE: