

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90730 042 \*\*\*150.00

0410528  
AV

**DOCUMENT # P01000069384**

**1. Entity Name**  
**GEORGE KROPOTOFF, INC.**



**Principal Place of Business**  
**612 ANDERSON CIR #209**  
**DEERFIELD BEACH FL 33441**

**Mailing Address**  
**612 ANDERSON CIR #209**  
**DEERFIELD BEACH FL 33441**

**2. Principal Place of Business**

**3. Mailing Address**

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

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

**City & State**

**City & State**

**4. FEI Number** **65-1120136**

**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**

**TAX HOUSE CORPORATION**  
**3929 N FEDERAL HWY**  
**POMPANO BEACH FL 33064**

**Name**  
**GEORGE KROPOTOFF**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**612 ANDERSON CIR # 209**  
**City** **DEERFIELD BEACH** **FL** **Zip Code** **33441**

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

**GEORGE KROPOTOFF**

**04/29/03**  
**DATE**

**(NOTE: Registered Agent signature required when reinstating)**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **PD** ☐ **Delete**  
**NAME** **KROPOTOFF, GEORGE**  
**STREET ADDRESS** **612 ANDERSON CIR #209**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33441**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**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:**

*George Kropotoff*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**GEORGE KROPOTOFF**

**04/29/03**

**Date**

**954 2981360**

**Daytime Phone #**

CR2E034 (10/02)