

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91194 025 \*\*\*150.00  
 09-08-2002 90117 003 \*\*\*550.00

**DOCUMENT # P01000079570**

1. Entity Name  
**KRUZN GAMES, INC.**

Principal Place of Business  
**871 LEON ROAD**  
**DAYTONA BEACH FL 32119**

Mailing Address  
**871 LEON ROAD**  
**DAYTONA BEACH FL 32119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**871 LEMON RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**871 LEMON RD.**  
 Suite, Apt. #, etc.

City & State  
**South Daytona Fla**  
 Zip Country  
**32119 Volusia**

4. FEI Number  
**03-0403184**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KOLAROVSKI, JULIANNA**  
**871 LEON ROAD**  
**DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

Name  
**KOLAROVSKI, Julianna**  
 Street Address (P.O. Box Number is Not Acceptable)  
**871 LEMON RD**  
 City  
**South Daytona** **FL** Zip Code  
**32119**

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. (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02 (386) 7678128

CR2E034 (4/02)