

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**  
 02-19-2002 90085 010 \*\*\*150.00

**DOCUMENT # P01000093756**

**1. Entity Name**  
**KOTZIG PUBLISHING, INC.**

**Principal Place of Business**

**6586 PATIO LANE**  
**BOCA RATON FL 33433**

**Mailing Address**

**6586 PATIO LANE**  
**BOCA RATON FL 33433**

**2. Principal Place of Business**

**2505 NW 2nd Ave**  
 Suite, Apt. #, etc.  
**205**

**3. Mailing Address**

**2505 NW 2nd Ave.**  
 Suite, Apt. #, etc.  
**205**

**City & State**  
**Boca Raton, FL 33431**

**City & State**  
**Boca Raton, FL 33431**

**Zip**  
**33431**

**Country**  
**USA**

**Zip**  
**33431**

**Country**  
**USA**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**WALSHER, THOMAS C**  
**7015 BERACASA WAY STE 201**  
**BOCA RATON FL 33433**

**7. Name and Address of New Registered Agent**

**Name** **Allison M. Kotzig**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6586 Patio Lane**  
**City** **Boca Raton** **FL** **Zip Code** **33433**

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

(NOTE: Registered Agent signature required when reinstating)

**1/29/02**  
 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 \$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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KOTZIG, ALLISON M</b>	
<b>STREET ADDRESS</b>	<b>6586 PATIO LANE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33433</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KOTZIG, IVAN</b>	
<b>STREET ADDRESS</b>	<b>6586 PATIO LANE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33433</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>SUSAN MCCABE</b>
<b>STREET ADDRESS</b>	<b>5470 SW. 18th St. #190</b>
<b>CITY-ST-ZIP</b>	<b>Boca Raton, FL 33433</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Vice President</b>
<b>STREET ADDRESS</b>	<b>SUSAN MCCABE</b>
<b>CITY-ST-ZIP</b>	<b>5470 SW. 18th St</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33433</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/02**  
 Date

Daytime Phone #

CR2E034 (9/01)