

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104391

1. Entity Name
RICHARD D. KROLL, INC.

Principal Place of Business
194 S NOVA RD
ORMOND BCH FL 32174

Mailing Address
194 S NOVA RD
ORMOND BCH FL 32174

2. Principal Place of Business
1067 MASCOU AVE
Suite, Apt. #, etc.

3. Mailing Address
27 SPRING MEADOWS DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH FL.
Zip 32117 Country USA

City & State
ORMOND BEACH, FL.
Zip 32174 Country USA

4. FEI Number
59-5758680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, REBECCA M ESQUIRE
57 NICHOLAS COURT
ORMOND BCH FL 32176

7. Name and Address of New Registered Agent

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

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, 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 \$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

TITLE DPST
NAME KROLL, RICHARD D
STREET ADDRESS 27 SPRING MEADOWS DR
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ Delete

TITLE DV
NAME KROLL, JUDITH T
STREET ADDRESS 27 SPRING MEADOWS DR
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ 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: RICHARD D KROLL RICHARD D KROLL 1/5/02 386/615-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90011 037 ***158.75

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