

FILED

May 08, 2003 8:00 am
Secretary of State

04-07-2003 90152 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000134678

1. Entity Name

KRONICK MANAGEMENT CORP.

Principal Place of Business
3700 SOUTH OCEAN BOULEVARD
APARTMENT 210B
HIGHLAND BEACH FL 33487Mailing Address
3700 SOUTH OCEAN BOULEVARD
APARTMENT 210B
HIGHLAND BEACH FL 33487

55038717

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1167065	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRONICK, GENE 3700 SOUTH OCEAN BOULEVARD APARTMENT 210B HIGHLAND BEACH FL 33487		Name: <u>Not Applicable</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Gene Kronick - Gene Kronick 3/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATEFILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D KRONICK, GENE President <input type="checkbox"/> Delete	TITLE	Elizabeth Kronick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3700 SOUTH OCEAN BOULEVARD APT 210B	NAME	3700 South Ocean Blvd
STREET ADDRESS	HIGHLAND BEACH FL 33487	STREET ADDRESS	APT 210 B
CITY-ST-ZIP		CITY-ST-ZIP	HIGHLAND BEACH, FL 33481
TITLE	<input type="checkbox"/> Delete	TITLE	Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

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

3/30/2003

Date

Daytime Phone #

CR2E034 (10/02)