

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021720

1. Entity Name

KASIK & KASIK COMPANY, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90220 003 ***150.00

Principal Place of Business

2733 HIDDEN LAKE BLVD
#C
SARASOTA FL 34237
US

Mailing Address

2733 HIDDEN LAKE BLVD
#C
SARASOTA FL 34237-4579
US

2. Principal Place of Business

2733 HIDDEN LAKE BLVD

3. Mailing Address

2733 HIDDEN LAKE BLVD

Suite, Apt. #, etc. C

Suite, Apt. #, etc. C

City & State SARASOTA, FLA.

City & State SARASOTA, FLA.

Zip 34237

Country

Zip 34237

Country

4. FEI Number 65-0395160

Applied For
Not Applicable

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

ZABOLOTNY, STEVE
8800 49TH STREET NORTH
SUITE 406-5
PINELLAS PARK FL 34666

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 X

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KASIK JAN
STREET ADDRESS 216 SERENA VILLAS DR
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME KASIK KAROL
STREET ADDRESS 216 SERENA VILLAS DR
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME KASIK, PAVOL
STREET ADDRESS 1811 SANFORD CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05.01.2000.

CR2E034 (9/99)