

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90186 031 ***150.00

DOCUMENT # P93000021720

1. Entity Name
KASIK & KASIK COMPANY, INC.

Principal Place of Business

**2733 HIDDEN LAKE BLVD
 #C
 SARASOTA FL 34237
 US**

Mailing Address

**2733 HIDDEN LAKE BLVD
 #C
 SARASOTA FL 34237
 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.

4. FEI Number

65-0395160

☒ Applied For
☐ Not Applicable

Zip **34237**

Country **US**

Zip **34237**

Country **US**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ZABOLOTNY, STEVE**

Street Address (P.O. Box Number is Not Acceptable)

1370 PARK BLVD

City **PINELLAS PARK**

FL

Zip **33981**

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 **P** ☐ Delete
 NAME **KASIK JAN**
 STREET ADDRESS **2733 HIDDEN LAKE BLVD #C**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

JAN KASIK

04.30.2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)