

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0560129 AV

DOCUMENT # P93000021720

1. Entity Name

KASIK & KASIK COMPANY, INC.



04-24-2003 90181 015 ***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

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 **U.S.**

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

6. Name and Address of Current Registered Agent

ZABOLOTNY, STEVE

9378 PARK BLVD

PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name **ZABOLOTNY STEVE**

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

4378 PARK BLVD

City **PINELLAS PARK**

FL Zip **33781**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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	P	<input type="checkbox"/> Delete
NAME	KASIK JAN	
STREET ADDRESS	2733 HIDDEN LAKE BLVD #C	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.21.2003

Date

Daytime Phone #

CR2E034 (10/02)