

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90080 047 \*\*\*150.00

**DOCUMENT # P94000068773**

1. Entity Name

**KRIDAN CONCEPTS SOUTH, INC.**

Principal Place of Business

Mailing Address

22682 PICKERELL CIRCLE  
 BOCA RATON FL 33428

22682 PICKERELL CIRCLE  
 BOCA RATON FL 33428-4801

2. Principal Place of Business

501 S.W. 11th Pl.

3. Mailing Address

501 S.W. 11th Pl.

Suite, Apt. #, etc.

Cond. Apt. 207 B2

Suite, Apt. #, etc.

Cond. Apt. 207 B2

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip  
 33432

Country

Palm Beach

Zip  
 33432

Country

Palm Beach

4. FEI Number

65-0521258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KRSANAC, DANIEL M  
 22682 PICKERELL CIRCLE  
 BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

KRSANAC, DANIEL M

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

501 S.W. 11th Pl.

Cond. Apt. 207 B2

City

Boca Raton, FL

FL

Zip Code

33432

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, 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS KRSANAC, DANIEL M  
 CITY-ST-ZIP 22682 PICKERELL CIRCLE  
 BOCA RATON FL 33428

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS KRSANAC, RHONDA S  
 CITY-ST-ZIP 22682 PICKERELL CIRCLE  
 BOCA RATON FL 33428

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS KRSANAC, DANIEL M  
 CITY-ST-ZIP 501 S.W. 11th PLAC, Cond Apt 207 B2  
 BOCA RATON, FL. 33432

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS KRSANAC, Rhonda S.  
 CITY-ST-ZIP 11497 ORANGE Blossom LA.  
 BOCA RATON, FL. 33432

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

561-251-3565

Daytime Phone #

CR2E034 (9/99)