

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90071 010 ***150.00

DOCUMENT # P95000005991

1. Entity Name
KASPER GROUP, INC.

904291



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2626 WEST TENNESSEE ST TALLAHASSEE FL 32304 **P.O. BOX 20438 TALLAHASSEE FL 32316-0438**

2. Principal Place of Business 3. Mailing Address
3001 West Tennessee St **PO Box 20438**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
0

City & State City & State
Tallahassee FL **Tallahassee FL**
 Zip Country Zip Country
32304 **32316-0438**

4. FEI Number **59-3291007** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KASPER, ROBERT
322 MEADOWBROOK LN.
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 Name **Kasper, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
999 Old Sun Rd
 City **Tallahassee** FL Zip Code **32311**

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 **Robert Kasper President** DATE **1/14/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input type="checkbox"/> Delete
NAME KASPER, ROBERT	
STREET ADDRESS 322 MEADOWBROOK LN.	
CITY-ST-ZIP TALLAHASSEE FL 32304	
TITLE S	<input type="checkbox"/> Delete
NAME KASPER, JOSH	
STREET ADDRESS 322 MEADOWBROOK LN.	
CITY-ST-ZIP TALLAHASSEE FL 32304	
TITLE VP	<input type="checkbox"/> Delete
NAME KASPER, ADAM	
STREET ADDRESS 322 MEADOWBROOK LN.	
CITY-ST-ZIP TALLAHASSEE FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **[Signature]** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)