

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034382

1. Entity Name
KASKY & KASKY, P.A.

Principal Place of Business
1030 S. FEDERAL HIGHWAY
SUITE 200
HOLLYWOOD FL 33020-6026

Mailing Address
1030 S. FEDERAL HIGHWAY
SUITE 200
HOLLYWOOD FL 33020-6026

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Country

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90137 002 ***550.00



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 65-0660929 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KASKY, ROBERT A
2830 FAIRWAY DRIVE
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 DVS
NAME KASKY, JEFFREY A
STREET ADDRESS 1030 S. FEDERAL HWY #202
CITY-ST-ZIP HOLLYWOOD FL 33020

Delete

TITLE DPT
NAME KASKY, ROBERT A
STREET ADDRESS 2830 FAIRWAY DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

Delete

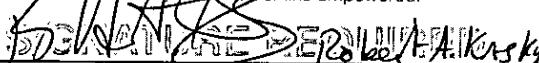
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/02 954-922-2367

Daytime Phone #

CR2E034 (4/02)