

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90055 036 \*\*\*550.00

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**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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**400 Fairway Drive**  
Suite, Apt. #, etc.  
**#107 A**

3. Mailing Address  
**400 Fairway Drive**  
Suite, Apt. #, etc.  
**#107 A**

City & State  
**Deerfield Beach**  
Zip  
**33441** Country  
**USA**

City & State  
**Deerfield Beach**  
Zip  
**33441** Country  
**USA**

4. FEI Number **65-0660929** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KASKY, ROBERT A  
2830 FAIRWAY DRIVE  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Robert A. Kasky**  
Street Address (P.O. Box Number is Not Acceptable)  
**6096 NW 22nd Ave**  
City **Boca Raton, FL** Zip Code **33496**

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 DATE **8/4/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE **DVS** ☐ Delete  
NAME **KASKY, JEFFREY A**  
STREET ADDRESS **1030 S. FEDERAL HWY #202**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☐ Change ☐ Addition  
NAME **Kasky, Jeffrey A**  
STREET ADDRESS **4421 Woodfield Blvd**  
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **DPT** ☐ Change ☐ Addition  
NAME **Kasky, Robert A**  
STREET ADDRESS **6096 NW 22nd Avenue**  
CITY-ST-ZIP **Boca Raton, FL 33496**

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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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/4/03** **954-725-4844**  
Date Daytime Phone #

CR2E034 (4/03)