

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90026 011 ***150.00

0339614 AV

DOCUMENT # P96000062925

1. Entity Name
STEVEN W. KAISER, INC.

Principal Place of Business
4801 SOUTH UNIVERSITY DRIVE STE 204
FORT LAUDERDALE FL 33328

Mailing Address
4801 SOUTH UNIVERSITY DRIVE STE 204
FORT LAUDERDALE FL 33328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4801 S. UNIVERSITY DR
 Suite, Apt. #, etc.
SUITE 120
 City & State
FT. LAUDERDALE FL.
 Zip
33328 Country
BROWARD

3. Mailing Address
4801 S. UNIVERSITY DR
 Suite, Apt. #, etc.
SUITE 120
 City & State
FT. LAUDERDALE FL
 Zip
33328 Country
BROWARD

4. FEI Number **65-0732798** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KAISER, STEVEN W
4801 SOUTH UNIVERSITY DRIVE STE 204
FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name **KAISER STEVEN W.**
 Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DR STE 120
 City **FT. LAUDERDALE** FL Zip Code **33328**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, STEVEN W 4801 SOUTH UNIVERSITY DRIVE STE 204 FORT LAUDERDALE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven W. Kaiser*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02 9544344012
 Date Daytime Phone #

CR2E034 (9/01)