

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # *PA7000037733*

1. Entity Name

KROSE AND COMPANY, INC.

FILED

Jul 22, 2002 8:00 A.M.

Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1331 S. DIXIE HWY W.

3. Mailing Address

SAME

Suite, Apt. #, etc.

1-B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL

City & State

4. FEI Number

05-0766187

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KROSE KEVIN

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

1331 S. DIXIE HWY W. SUITE 1-B

City *Pompano Beach*

FL

Zip Code

33060

**DO NOT WRITE
IN THIS SPACE**

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

Kevin Kruse
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*
NAME *KEVIN KROSE*
STREET ADDRESS *1331 S. DIXIE HWY W. SUITE 1-B*
CITY-ST-ZIP *POMPANO BEACH FL 33060*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/02 954) 709-8026

CR2E034B (12/01)

*THOSE HAS AN NEW ADDRESS THAN LAST YEAR. PREVIOUS
ADDRESS IS : 4060 N.E. 18TH*