

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060260

1. Entity Name  
**KRASHCO, INC.**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90004 015 \*\*\*150.00

Principal Place of Business  
**1508 CALHOUN AVENUE  
PANAMA CITY FL 32401**

Mailing Address  
**1508 CALHOUN AVENUE  
PANAMA CITY FL 32401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1508 CALHOUN AVE**  
Suite, Apt. #, etc.  
**PANAMA CITY, FL**  
City & State  
**PANAMA CITY, FL**  
Zip  
**32405**  
Country  
**USA**

3. Mailing Address  
**1508 CALHOUN AVE**  
Suite, Apt. #, etc.  
**PANAMA CITY, FL**  
City & State  
**PANAMA CITY, FL**  
Zip  
**32405**  
Country  
**USA**

4. FEI Number **65-0769640**  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PORTER KRASNO, JANICE K  
1508 CALHOUN AVENUE  
PANAMA CITY FL 32401**

## 7. Name and Address of New Registered Agent

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.

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 \$150.00**  
**After MAY 1, 2001 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	<input type="checkbox"/> Delete	
	<b>D</b>	<b>KRASNO, MARK L</b>	<b>245 CARY DRIVE</b>	<b>AUBURN AL 36830</b>	<input type="checkbox"/>
	<b>D</b>	<b>PORTER KRASNO, JANICE K</b>	<b>245 CARY DRIVE</b>	<b>AUBURN AL 36830</b>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Janice K Porter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 851 914 9400  
Date Daytime Phone #

CR2E034 (10/00)