

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90119 029 ***150.00

DOCUMENT # S48894

1. Entity Name
RICHARD J. KASPER AND ASSOCIATES, INC.

Principal Place of Business
15603 85 AVE NORTH
PALM BEACH GARDENS FL 33418
US

Mailing Address
15603 85 AVE NORTH
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business
15142 74 AVE. NORTH
 Suite, Apt. #, etc.

3. Mailing Address
15142 74 AVE. NORTH
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL
Zip **33418**
Country **U.S.A.**

City & State
PALM BEACH GARDENS, FL
Zip **33418**
Country **U.S.A.**

4. FEI Number **65-0318552**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KASERZAK, RYSZARD
15603 85 AVE NORTH
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name **KASPRZAK RYSZARD J.**
Street Address (P.O. Box Number is Not Acceptable) **15142 74 AVE. NORTH**
City **PALM BEACH GARDENS FL** **Zip Code** **33418**

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]* **DATE** **1/25/2002**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTV KASPRZAK, RYSZARD J. 15603 85 AVE NORTH PALM BEACH GARDENS FL 33418 <input checked="" 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	PRESIDENT - PSTV KASPRZAK RYSZARD J. 15142 74 AVE. NORTH. PALM BEACH GARDENS, FL 33418 <input checked="" 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: *[Signature]* **RYSZARD J. KASPRZAK** **DATE** **1/25/2002** **DAYTIME PHONE #** **561-741-2065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)