

# 2001 UNIFORM BUSINESS REPORT (UBR)

FR55000

DOCUMENT # **P00000112074**

1. Entity Name  
**KLA PROFESSIONAL SERVICES, INCORPORATED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 12:21

Principal Place of Business      Mailing Address  
**13810 NORTH SUTTON PARK DRIVE #932**      **13810 NORTH SUTTON PARK DRIVE #932**  
**JACKSONVILLE FL 32224**      **JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1015 Hyannis Port Dr.**      **1015 Hyannis Port Dr.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jacksonville**      **Jacksonville**  
Zip      Country      Zip      Country  
**32225**      **Duval**      **32225-8625**      **Duval**

4. FEI Number      Applied For  
**59-3686965**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**AKEL, DANIEL D**  
**ONE INDEPENDENT DRIVE**  
**SUITE 2301**  
**JACKSONVILLE FL 32202**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete <b>MATTHEWS, HENRY F</b> <b>13810 NORTH SUTTON PARK DRIVE #932</b> <b>JACKSONVILLE FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MATTHEWS, MARY K</b> <b>13810 NORTH SUTTON PARK DRIVE #932</b> <b>JACKSONVILLE FL 32224</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Matthew, Henry F</b> <b>1015 Hyannis Port Dr</b> <b>Jacksonville, FL 32225-8625</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Matthew, Mary K</b> <b>1015 Hyannis Port Dr.</b> <b>Jacksonville, FL 32225-8625</b>
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
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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-10/25/01--01030--010

\*\*\*150.00      \*\*\*150.00

*[Signature]*  
10/24

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 the life empowered.

SIGNATURE: **Matthew**      **10/10/01**      **480-363-0456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

**KLA Professional Services  
1015 Hyannis Port Drive  
Jacksonville, FL 32225-8625**

ST. J. BORGHESE  
MANAGER

**October 10, 2001**

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL

Dear Sir or Madam,

We mailed our original check and form (P00000112074) to your office on April 6, 2001 (enclosure 1). That check was number 1018 for \$150.00, drawn on the First National Bank of Oden, Indiana.

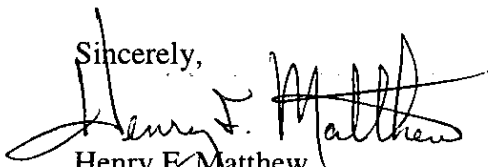
Yesterday, October 9, 2001, we received a Sixty Day Notice from your office that our corporation would be administratively dissolved if you had not received our form and payment by September 12, 2001. This notice was our first indication that you had not received our payment in April of this year.

We have been working in Quincy, Illinois since March of this year and also moved our Florida office address in August 2001 (enclosure 2). Needless to say, we are having problems with our correspondence.

Mary Kay Matthew spoke with Stacey in your office at 4:15 PM EDT yesterday as soon as we received your notice. As per Stacey's instructions, we are immediately sending a second check for \$150.00 (enclosure 3) with this explanation.

We do not want our corporation to be dissolved and respectfully request that you accept the enclosed form and our explanation of events.

Sincerely,



Henry E. Matthew  
President

Enclosure 1: Form P00000112074 mailed 4/06/01 (copy)  
Enclosure 2: Notice from US Postal Service of address change acceptance (copy)  
Enclosure 3: Check for \$150.00

Cc: Daniel D. Akel  
One Independent Drive  
Suite 2301  
Jacksonville, FL 32202