FILED SAPER 14, 2003 8:00 am Secretary of State

04-14-2003 90065 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$21202

1. Entity Name KLW, INC.



						COO WE THE							
Principal Place of Business 3311 29TH AVE SW NAPLES FL 34117 US			3311	Mailing Address 3311 29TH AVE SW NAPLES FL 34117 US									
2. Principal Place of Business			3. Mail	3. Mailing Address						0 11 0 14 0 0 46 0	HARI WANIE DI	DEN GENERAL BANGER	0 01 0 0 1 1 0 1 1 0 1 1
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable					
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Cur	rent Registere	d Agent			7. N	Name and A	ddress of	New Regi	istered A	gent	
WILDMAN,						Name	· 1						117
3311 29TH	AVE SW	<i>₩</i> ₽.				Street Addre	ess (P.O. B	ox Number	is Not Acce	eptable)			
NAPLES F	L 33964												
		194 				City					FL	Zip Cod	e
8. The above r		submits this statemered agent.	ent for the purpo	ose of changing it	s register	ed office or reg	istered age	ent, or both,	in the Stat	e of Florid	a. I am fa	ımiliar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered	agent and title if appl	icable. (NO	TE: Registere	d Agent signature re	quired when re	instating)			DATE		<u></u>
After I	May 1, 200	FEE IS \$150.00 3 Fee will be \$550 Florida Departme	.00	35	11.		AD		ion Campa Fund Cont	ribution.		Added	May Be to Fees
TITLE NAME STREET ADDRESS	P WILDMAN, 3311 29TH NAPLES F	KEVIN L. AVE. SW	<u> </u>	☐ Delete	TITLE NAM STRE			<u>BINONO, O</u>	TV44GEG T	0 011102		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			<u> </u>					☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Delete		i						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kanakuraldowned

10 APRIL 2003

Daytime Phone #

CHZE034 (10/0