

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005191

1. Entity Name

KILO 3/9, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90122 049 \*\*\*\*70.00

Principal Place of Business

2297 14TH AVENUE, SOUTHWEST  
LARGO, FL 33770-4710

Mailing Address

2297 14TH AVENUE SOUTHWEST  
LARGO FL 33770-4710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3736415

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI FL 33145

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME STEWART, ROBERT W  
STREET ADDRESS 2297 14TH AVENUE SOUTHWEST  
CITY- ST- ZIP LARGO FL 33770-4710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GILES, JERRALD E  
STREET ADDRESS 2297 14TH AVENUE SOUTHWEST  
CITY- ST- ZIP LARGO FL 33770-4710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE STD  
NAME SALTAFORMAGGIO, CHARLES B  
STREET ADDRESS 2297 14TH AVENUE SOUTHWEST  
CITY- ST- ZIP LARGO FL 33770-4710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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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 file this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/02 (727) 581-5454

CR2E037 (9/01)