

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 177649

1. Entity Name

KILLARNEY CORPORATION, INC.,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 HUFFORD DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DEBARY, FL

Zip

32713

Country

USA

City & State

Zip

Country

4. FEI Number

59-0713615

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BESKE ROBERT

Street Address (P.O. Box Number is Not Acceptable)

515 HUFFORD DR.

City

DEBARY,

FL

Zip Code

32713

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 reinsuring.)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P
BESKE ROBERT S. (ADDRESS
515 HUFFORD DR. CHANGE)
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
DOWNEY JESSIE
102 ESSEX COURT
LONGWOOD, FL

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement to this 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 on an attachment with an address, with or without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

6/29/02 386-753-1110

B0126650

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CR2E034B (12/01)