## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State DOCUMENT # 315405 1. Entity Name 05-06-2002 90085 014 \*\*\*150.00 KLIMAS ENTERPRISES, INC. Principal Place of Business Mailing Address 1756 27TH AVENUE 1756 27TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1112664 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLIMAS, HARRY A Street Address (P.O. Box Number is Not Acceptable) 1756 27TH AVENUE VERO BEACH FL 32960 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VSDO** TITLE ☐ Delete TITLE Change Addition URSO, KATHLEEN K NAME NAME STREET ADDRESS 1866 4 LANE STREET ADDRESS CITY-ST-7IP VERO BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME KLIMAS, CECELIA A NAME STREET ADDRESS 1756 27TH AVENUE STREET ADDRESS CITY-ST-ZIP-VERO BEACH FL CITY-ST-ZIP\_ ☐ Addition ☐ Delete TITLE ☐ Change PD NAMÉ KLIMAS, HARRY A STREET ADDRESS STREET ADDRESS **1756 27TH AVENUE** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 0 TITLE ☐ Delete TITLE Change Addition NAME KLIMAS, DOUGLAS J NAME STREET ADDRESS 5924 BESTVIEW WAY STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS CO CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

HARRY ALKLIMAS SIGNATURE:

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.