

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90676 047 ***150.00

DOCUMENT # 403002

1. Entity Name

K L I SUPPLY CO.

Seal of the State of Florida

SECRETARY OF STATE

04-12-2004 90676 047 ***150.00

Principal Place of Business

102265 OVERSEAS HWY.
P.O.BOX 2960
KEY LARGO FL 33037

Mailing Address

102265 OVERSEAS HWY.
P.O.BOX 2960
KEY LARGO FL 33037

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

59-1469806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, ROBERT
1048 ADAMS DRIVE
KEY LARGO FL 33037

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

DATE

FILE NOW!!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

☐ Delete

NAME

SILVERMAN, ROBERT

STREET ADDRESS

1048 ADAMS DRIVE

CITY-ST-ZIP

KEY LARGO FL

TITLE

VD

☐ Delete

NAME

SILVERMAN, JACQUELINE

STREET ADDRESS

1048 ADAMS DRIVE

CITY-ST-ZIP

KEY LARGO FL

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Jacqueline Schuman

4/9/04 305-451-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #