

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006795 AF

DOCUMENT # **A00000001615**

1. Entity Name

**KSS, LTD.**

Principal Place of Business

**10440 GOLDEN EAGLE COURT  
PLANTATION FL 33324**

Mailing Address

**10440 GOLDEN EAGLE COURT  
PLANTATION FL 33324**

**FILED**

**01 MAR 30 AM 11:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STAIR, DARYL L  
10440 GOLDEN EAGLE COURT  
PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record.

**\$379,100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**379,100.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **695923**  
NAME **STAIR'S MANAGEMENT, INC.**  
STREET ADDRESS **10440 GOLDEN EAGLE COURT**  
CITY-ST-ZIP **PLANTATION FL 33324**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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**\*\*\*2105.00 \*\*\*\*526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/15/01**

Date

**954-452-0300**

Daytime Phone #

CR2E003 (11/00)