

DOCUMENT # A97000000608

1. Entity Name

KJS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

2101 N.W. SETTLE AVENUE
PORT ST. LUCIE FL 34986

Mailing Address

2101 N.W. SETTLE AVENUE
PORT ST. LUCIE FL 34986-3228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2132 NW Settle Ave
Suite, Apt. #, etc.

3. Mailing Address

2132 NW Settle Ave
Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0737451

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR., ESQ
50 S.E. KINDRED STREET
STUART FL 34994

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

373,000.00

10. Amount of Capital Contributions

in FLORIDA to date

373,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

TAYLOR, RUSSELL S
2101 N.W. SETTLE AVENUE
PORT ST. LUCIE FL 34986

STREET ADDRESS

CITY - ST - ZIP

2132 NW Settle Ave.

Port St. Lucie, FL 34986

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

TAYLOR, KATHY B
2101 N.W. SETTLE AVENUE
PORT ST. LUCIE FL 34986

STREET ADDRESS

CITY - ST - ZIP

2132 NW Settle Ave.

Port St. Lucie, FL 34986

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/00

561-468-4848

CR2E003 (9/99)