

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64570

1. Entity Name
CAROL KLINGLER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90061 023 ***150.00

Principal Place of Business

116 S. PINE ST
OCALA FL 34475
US

Mailing Address

214 TIMBERCOVE CIR
LONGWOOD FL 32779-2556

2. Principal Place of Business

22 S. PINE ST.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

Country

34475
US

Zip

Country

4. FEI Number 59-2196971

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINGER, CAROL L
3254 NE 35TH ST
OCALA FL 34475

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME KLINGER, CAROL L
STREET ADDRESS 3254 NE 35TH ST
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME DAWN LUCAS
STREET ADDRESS 214 TIMBERCOVE CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)