


**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90067 046 \*\*\*150.00

ΔΡ

DOCUMENT # F97000001324

1. Entity Name  
B. KLITZNER & SON, INC.



Principal Place of Business  
436 N. PEARL ST.  
ROCKY MOUNT NC 27802

Mailing Address  
436 N. PEARL ST.  
ROCKY MOUNT NC 27802

2. Principal Place of Business  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
56-1739978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. 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 reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
JAY, DAVID B  
436 N. PEARL ST.  
ROCKY MOUNT NC 27802

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
TAYLOR, W. RAY  
436 N. PEARL ST.  
ROCKY MOUNT NC 27802

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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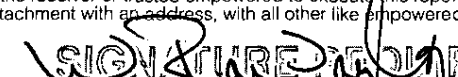
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:  3-20-03 252-442-2139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #