

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90264 011 \*\*\*150.00

**DOCUMENT # G27549**

1. Entity Name

**KLEIN & HEUCHAN, INC.**

Principal Place of Business

**2040 N.E. COACHMAN ROAD  
CLEARWATER FL 34625-2614**

Mailing Address

**2040 N.E. COACHMAN ROAD  
CLEARWATER FL 34625-2614**

**912390**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2266874**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RAYMOND, J. PAUL, ESQ.  
1 NORTH OSCEOLA AVE  
CLEARWATER FL 33515**

Name **Raymond, J. Paul, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**625 COURT ST**

City **CLEARWATER** FL Zip Code **33756**

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 \_\_\_\_\_ (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, 2001 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 **PTD** ☐ Delete  
NAME **KLEIN, MARK S.**  
STREET ADDRESS **2040 N.E. COACHMAN RD.**  
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **VSD** ☐ Delete  
NAME **KLEIN, MARK S**  
STREET ADDRESS **2040 N.E. COACHMAN ROAD**  
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **SD** ☐ Delete  
NAME **KLEIN, STEVEN G.**  
STREET ADDRESS **3648 ALTON RD. N.W.**  
CITY-ST-ZIP **WASHINGTON DC**

TITLE ☒ Change ☐ Addition  
NAME **D KLEIN, STEVEN G.**  
STREET ADDRESS **2201 HAMPSTEAD COURT**  
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **1/30/01** 727-441-1951  
Daytime Phone #

CR2E034 (10/00)