

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90548 044 ***150.00

DOCUMENT # K04792

1. Entity Name

KILE REALTY, INC.

Principal Place of Business

**724 N. HIGHLAND AVE.
 CLEARWATER FL**

Mailing Address

**111 BELLE ISLE AVE.
 BELLEAIR BEACH FL 33786**

2. Principal Place of Business

830 13th Court S.W.

3. Mailing Address

830 13th Court S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo Florida

City & State

Largo Florida

Zip

33770

Country

Pinellas

Zip

33770

Country

Pinellas

4. FEI Number

59-2862556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DELASHAW, KIM L
 111 BELLE ISLE
 BELLEAIR BEACH FL 33786**

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: *Alexis Delshaw*

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, 2002 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

TITLE **P** ☐ Delete
 NAME **DELASHAW, ALEXIS**
 STREET ADDRESS **111 BELLE ISLE AVE.**
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

TITLE **V** ☐ Delete
 NAME **DELASHAW, KIM L**
 STREET ADDRESS **111 BELLE ISLE AVE.**
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Alexis Delshaw **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

Daytime Phone #

CR2E034 (9/01)