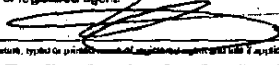


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90244 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K51200 1. Entity Name KLEIN INVESTMENTS, INC.			
Principal Place of Business 2049 W CENTRAL BLVD ORLANDO, FL 32805 US		Mailing Address 1952 BREngle AVENUE ORLANDO, FL 32808 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2049 W. CENTRAL BLVD Suite, Apt. #, etc.	
City & State ORLANDO, FL		4. FEI Number 65-0084857 Applied For Not Applicable	
Zip 32805		Country ORANGE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent KLEIN, LARRY J 2049 W CENTRAL BLVD ORLANDO, FL 32805			
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:  DATE: _____ Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when changing.)			
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 507, 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:  DATE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR			

90123629



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)