

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L07524**

1. Entity Name

KLINE'S BACKHOE SERVICE, INC.

Principal Place of Business

**1233 NE 13 AVE
FT LAUDERDALE FL 33304
US**

Mailing Address

**C/O HUBBELL, ROBERT K.
5301 SW 10TH ST.
PLANTATION FL 33317-4722**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0137531

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

**APPROVED ASSOCIATES INC
100 E LINTON BLVD
STE 20A
DELRAY BEACH FL 33483**

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	DS	<input type="checkbox"/> Delete
NAME	KLINE, WILLIAM C. 1233	
STREET ADDRESS	2401 SW 10TH AVE 1233 NE 13 Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KLINE, WILLIAM E.	
STREET ADDRESS	2401 SW 10TH AVE 601 NW 103 Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KLINE, MARTHA K.	
STREET ADDRESS	2401 SW 10TH AVE 601 NW 103 Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William C. Kline* *William C. Kline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

Date

954-523-047

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90128 029 ***150.00

608872



DO NOT WRITE IN THIS SPACE