

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004064

1. Entity Name
KILLIAN HOLDINGS, L.C.

Principal Place of Business
13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 33762

Mailing Address
13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 33762-5547

2. Principal Place of Business
2903 Rigsby Lane
Suite, Apt. #, etc.

3. Mailing Address
2903 Rigsby Lane
Suite, Apt. #, etc.

City & State
Safety Harbor, FL

City & State
Safety Harbor

Zip
34695

Country
U.S.

Zip
34695

Country
U.S.

4. FEI Number
59-3587899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2903 Rigsby Lane
City
Safety Harbor FL Zip Code
34695

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  Robert A. Forlizzo

4/6/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORLIZZO, ROBERT A 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2903 Rigsby Lane Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003256702--4 -05/18/00--01017--005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert A. Forlizzo
Manager

Date

Daytime Phone #

727-669-0550

CR2E083 (9/99)