

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90005 025 ***150.00

80002826



DO NOT WRITE IN THIS SPACE

DOCUMENT # M24821

1. Entity Name
K. HARLAN ENTERPRISES, INC.

Principal Place of Business C/O MARY A. MARR 2945 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461	Mailing Address C/O MARY A. MARR 2945 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461
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2. Principal Place of Business 13388 Northumberland Cr.	3. Mailing Address 13388 Northumberland Cr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wellington, FL	City & State Wellington, FL
Zip 33414-8905	Zip 33414-8905
Country USA	Country USA

4. FEI Number 59-2613409	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARR, MARY A. 2945 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARR, KENNETH 1338 NORTHUMBERLAND CR. WEST PALM BEACH FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARR, MARY A. 13388 NORTHUMBERLAND CR. W.P.B. FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Kenneth H MARR **KENNETH H MARR** 1/8/01 561-790-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)