2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am **DOCUMENT # M84007** Secretary of State 1. Entity Name K.L.C., INC. 05-01-2001 90022 032 ***150.00 Principal Place of Business Mailing Address 75TH ST W. POB 15191 75TH ST W. POB 15191 C/O ROBERT E. MESSICK C/O ROBERT E. MESSICK 803868 **BRADENTON FL 34280** BRADENTON FL 34280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0066815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. MESSICK, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA FL 34237 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change CHLEBINA, KEN NAME NAME 4904 26TH AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change CHLEBINA, DICK NAME NAME STREET ADDRESS 10428 SANDPIPER RD W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME CHELBINA, KEN NAME STREET ADDRESS 4904 26TH AVE. W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 charged, or on an attachment with an address, with all other like empowered.