2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84007 1. Entity Name K.L.C., INC.							Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90350 008 ***150.00				
Principal Place of Business 75TH ST W. POB 15191 C/O ROBERT E. MESSICK BRADENTON FL 34280			Mailing Address 75TH ST W. POB 15191 C/O ROBERT E. MESSICK BRADENTON FL 34280			;- · ·	1.108(80)(101 101)(101)(101)(101)(101)(101)(101		112 210 11 119 15	B(B))	
2. Principal f	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4. F	4. FEI Number 65-0066815 Applied For Not Applied For				
Zip Country			Zip Country			5. (5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. N	lame and Address of New Regi		•		
MEGGICK	DOREDT E		ب وی بروی بروی در		Name			<u>ن نے جنہ ک</u>	س <u>حث تعربيت</u>	- محصيت محصوب	
MESSICK, ROBERT E. 2033 MAIN STREET				Street Address			ox Number is Not Acceptable)				
SUITE 60		1 1									
	TA FL 34237	,		- City					Zip Code		
		:		City			· · · · · ·	FL	Zip Coo.		
SIGNATURE	Signature, typed o	r printed name of registered agent a	nd title if applicable. (No	DTE: Registere	ed Agent signatu	ire required when re	ent, or both, in the State of Florida	DATE			
 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	 Election Campaign Financ Trust Fund Contribution. 	ing		May Be I to Fees	
11.	1_	OFFICERS AND [DIRECTORS	12.		AD.	DITIONS/CHANGES TO OFFICER	RS AND E	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHLEBINA 4904 26TH BRADENT(Î AVE. W.	☐ Delete					l	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHLEBINA 10428 SAI BRADENTO	IDPIPER RD W	☐ Delete					(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHELBINA 4904 26TH BRADENTO	AVE. W.	□ Delete .	- 4		er a e		<u>.</u> . [Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		1	☐ Delete]	Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		; ; ;	☐ Delete					[Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		:	☐ Delete					[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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR