

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93717

1. Entity Name

K & L ENTERPRISES OF HIGHLANDS COUNTY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90005 042 ***150.00

Principal Place of Business

Mailing Address

C/O CATHY KNIGHT
4222 LEWIS AVE
SEBRING FL 33872

C/O CATHY KNIGHT
4222 LEWIS AVE
SEBRING FL 33870-2780

2. Principal Place of Business

3. Mailing Address

1108 Nancesowee Ave. 1108 Nancesowee Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL.

City & State

SEBRING, FL

Zip

33870

Country

USA.

Zip

33870

Country

USA

4. FEI Number

59-2904820

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

LESH, LONA M
4222 LEWIS AVE
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

1108 Nancesowee Ave.

City

SEBRING

FL

Zip Code

33870

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 PD ☐ Delete
NAME LESH, LONA
STREET ADDRESS 4222 LEWIS AVE
CITY-ST-ZIP SEBRING FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1108 Nancesowee Ave
CITY-ST-ZIP Sebring, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LONA M. LESH

3/25/2000 863-491-2144

Date

Daytime Phone #

CR2E034 (9/99)