

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99364

1. Entity Name

KILLIAN CONSTRUCTION, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90045 049 \*\*\*150.00

Principal Place of Business 4019 W. DE LEON ST TAMPA FL 33609-4416 US	Mailing Address 4237 WATER OAKS LAND TAMPA FL 33624-4633 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 4019 W. DE LEON STR. Suite, Apt. #, etc. TAMPA, FL City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KILLIAN, JOHN D 4237 WATER OAKS LN TAMPA FL 33624-4633
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7. Name and Address of New Registered Agent Name KILLIAN JOHN D. Street Address (P.O. Box Number is Not Acceptable) 4019 W DE LEON ST. City TAMPA, FL 33609-4416 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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	D KILLIAN, JOHN D. 4019 W. DE LEON ST TAMPA FL 33609-4416 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John D. Killian JOHN D. KILLIAN PRES. 4-14-00 (813) 287-8766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #