

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 026 ***150.00

DOCUMENT # **P00000004699**

1. Entity Name

Invesco Limited, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

901 Martin Downs Blvd

901 Martin Downs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

#202

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0983308

Applied For

Not Applicable

Zip

34990

Country

US

Zip

34990

Country

US

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

Name

Kevin M Klier

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

255 SW Salerno Rd

City

Stuart

FL

Zip Code

34997

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

Kevin M Klier
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President - Treasurer** ☐ Delete
 NAME **Kevin M. Klier**
 STREET ADDRESS **255 SW Salerno Rd**
 CITY-ST-ZIP **Stuart FL 34990**

TITLE **Vice President - Secretary** ☐ Delete
 NAME **Robert G Lazar**
 STREET ADDRESS **352 golfview Rd #609**
 CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition

NAME
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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

Kevin M Klier
Kevin M Klier

4-27-01

CR2E034 (11/00)