

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009750

1. Entity Name
KILIAN MOTOR CARS, INC.

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90120 050 ***150.00

Principal Place of Business
3670 JACKSON STREET
PORT ORANGE FL 32119

Mailing Address
3670 JACKSON STREET
PORT ORANGE FL 32119



2. Principal Place of Business

3. Mailing Address

704 Pine Forest Tr. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Orange, FL

4. FEI Number 59-3620832

Applied For

Not Applicable

Zip

Country

Zip

Country

32127

Volusia

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

KILIAN, CASEY A
3670 JACKSON STREET
PORT ORANGE FL 32119

Name

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

City

FL

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)

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILIAN, CASEY A
704 PINE FOREST TRAIL EAST
PORT ORANGE FL 32127 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED CASEY A. KILIAN

7/22/02 386-547-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
700000009750
122751

Kilian MotorCars, Inc
704 Pine Forest Trail E.
Port Orange, FL 32119

July 22, 2002

To whom it may concern,

We received notice from your office concerning our 2002 UBR. I have enclosed the completed form with correct mailing address. All Corporation mail is being received at our home address. I failed to notify your office of this change. I have recently taken on this responsibility and would appreciate, waiving any late fee. Now being fully aware of its importance and timely return. I would like to assure your office it will not happen again. And do apologize for not filing by the due date. Thanking you in advance.

Sincerely,



Sherry L. Kilian
Secretary
Kilian MotorCars, Inc.
Phone 386-760-8791