

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-12-2001 90478 004 ***150.00

DOCUMENT # P00000103824

1. Entity Name
KLLB ENTERPRISES INC.

Principal Place of Business
 240 WINDWARD PASSAGE, SUITE 1303
 CLEARWATER FL 33767

change of address

Mailing Address
 240 WINDWARD PASSAGE, SUITE 1303
 CLEARWATER FL 33767

2. Principal Place of Business
915 PINE STREET
 Suite, Apt. #, etc.

3. Mailing Address
915 PINE STREET
 Suite, Apt. #, etc.

City & State
Clearwater Florida
 Zip
33756
 Country
USA

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Clearwater Florida
 Zip
33756
 Country
USA

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKLEW, KRISTINA L
 240 WINDWARD PASSAGE, SUITE 1303
 CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name *KRISTINA L BUCKLEW*
 Street Address (P.O. Box Number is Not Acceptable)
915 PINE STREET
 City *Clearwater* FL Zip Code *33756*

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-07-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D BUCKLEW, KRISTINA L	240 WINDWARD PASSAGE, SUITE 1303	CLEARWATER FL 33767	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D BUCKLEW, KRISTINA L	915 PINE STREET		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

03-07-01

Date

Daytime Phone #

CR2E034 (10/00)