

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90094 031 ***150.00

0315325

DOCUMENT # P00000106027

1. Entity Name

KL VENTURES, INC.

Principal Place of Business

**6324 SE AMES WAY
HOBE SOUND FL 33455**

Mailing Address

**6324 SE AMES WAY
HOBE SOUND FL 33455**

00030271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 701

Suite, Apt. #, etc.

3. Mailing Address

PO Box 701

Suite, Apt. #, etc.

City & State

Hobe Sound FL.

City & State

Hobe Sound FL.

4. FEI Number

65-1070847

Applied For

Not Applicable

Zip

33475

Country

USA

Zip

33475

Country

USA

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

6. Name and Address of Current Registered Agent

**MCCOLLOUGH, LELAND G
6324 SE AMES WAY
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

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, 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 **DPT** ☐ Delete
NAME **MCCOLLOUGH, LELAND G**
STREET ADDRESS **6324 SE AMES WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **DVS** ☐ Delete
NAME **Kathryn T. Thompson**
STREET ADDRESS **6324 SE Ames Way**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Leland G. McCollough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 56-545-7580

Date

Daytime Phone #

CR2E034 (10/00)