

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90028 011 \*\*\*150.00

0455739 AV

**DOCUMENT # P01000009473**

1. Entity Name  
**KJL COMPANY, INC.**

Principal Place of Business <b>1974 PROMENADE WAY                  CLEARWATER FL 33760</b>	Mailing Address <b>1974 PROMENADE WAY                  CLEARWATER FL 33760</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **11850 9TH STREET NORTH** 3. Mailing Address **11850 9TH STREET NORTH**

Suite, Apt. #, etc. **1306** Suite, Apt. #, etc. **1306**

City & State **ST. PETERSBURG FL** City & State **ST. PETERSBURG FL**

4. FEI Number **59-3695835** Applied For  Not Applicable

Zip **33716** Country **PINELLAS** Zip **33716** Country **PINELLAS**

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

**LIST, KENNETH J  
 111850 I ST N #3106  
 ST PETERSBURG FL 33716**

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 \_\_\_\_\_ (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	<b>PSTD LIST, KENNETH J 111850 I ST NORTH ST PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LIST, LYNDA C 111850 I ST NORTH ST PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> 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: Kenneth J List  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1502 727-455-9909  
 Date Daytime Phone #

CR2E034 (9/01)