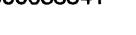
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: WASHINGTHANDEQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF STRAING OFFICER OR DIRECTOR

## P01000038841 **DOCUMENT #**

1. Entity Name KLCM CONSULTING, INC.





Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90290 029 \*\*\*150.00

					A STATE OF					
Principal Place of Business 5850 N W 14TH ROAD FT. LAUDERDALE FL 33334			Mailing Address 5850 N W 14TH ROAD FT. LAUDERDALE FL 33334				11 <b>06</b> 1 141 <b>00</b> 481 14 <b>1</b> 14 <b>60</b> 141 60111	<b>18</b> 111 <b>88</b> 4 <b>11</b> (51 <b>8</b> 4)		14 <b>40</b> 1 (1 <b>6</b> 4 1 <b>66</b> 4
2. Principal F	Place of Busi	ness	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-1107955			<del></del>	plied For t Applicable
Zip		Country	Zip	Cour	ntry	_5Certificat	e of Status Desired		75 Add Required	itional -
	6. Name	and Address of Curre	nt Registered Agent	legistered Agent		7. Name and Address of New Registered Agent				
C/O GUN		v Akley & Stewart, F LVD., Suite 1400	<sup>2</sup> .A.	Name Street Address (P.O. Box Number is Not Acceptable)						
	ERDALE F	•						FL	Zip Code	,
the obligat	tions of regis	y submits this statement tered agent.	for the purpose of cha	nging its register	ed office or registe	ered agent, or bo	oth, in the State of Florio	ta. I am famili	ar with, a	and accept
SIGNATURE .		or printed game of registered age	nt and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating)	<del></del>	DATE		
After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department					lection Campaign Finan rust Fund Contribution.	ncing		May Be to Fees
10.	7.7	→ OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	ERS AND DIR	ECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MARCIL, 5850 N V	KIMBERLY C V 14TH ROAD ERDALE FL 33334	□ De	NAM STRI					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* .	□ De	NAM STRI	- I				Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Del	NAM Stre					Change	Addition
indicated of the cor	on this repo poration or t	e information supplied w rt or supplemental report ne receiver or trustee em achment with an address	is true and accurate a powered to execute thi	nd that my signa s report as requi	ture shall have the	same legal effe	ct as if made under oat	h: that I am ar	n officer o	or director