

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0029665 AV

DOCUMENT # P02000020221

1. Entity Name
K&L PARTNERS, INC.



Principal Place of Business
**3685 VALENCIA RD
JACKSONVILLE FL 32205**

Mailing Address
**3685 VALENCIA RD
JACKSONVILLE FL 32205**



2. Principal Place of Business

1545 CR 220

3. Mailing Address

1545 CR 220

Suite, Apt. #, etc.

Ste 118

Suite, Apt. #, etc.

Ste 118

☐ CHECK HERE IF MAKING CHANGES

City & State

ORANGE PARK FL

City & State

ORANGE PARK, FL

4. FEI Number

04-3632254

Applied For

☐ Not Applicable

Zip

32003

Country

CLAY

Zip

32003

Country

CLAY

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAIRD, KEITH
3685 VALENCIA RD
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **BAIRD, KEITH**
Street Address (P.O. Box Number is Not Acceptable)
3685 VALENCIA RD
City **JACKSONVILLE** FL Zip Code **32205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED K BAIRD	
STREET ADDRESS	3685 VALENCIA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	MARY BAIRD TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BAIRD	
STREET ADDRESS	3685 VALENCIA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY BAIRD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

(904) 278-9010

Daytime Phone #

CR2E034 (10/02)