


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000145726

1. Entity Name
KJL PROPERTIES INC.



Principal Place of Business
3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34688

Mailing Address
3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34688

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent
BOLEK, RICHARD A
6137 ROCKDESS AVE
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE_____
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LICHTENBERG, KARL
3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34688

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
LICHTENBERG, JUANITA
3458 OLD KEYSTONE RD
TARPON SPRINGS, FL 34688

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: KARL V. LICHTENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08
Date

(727) 943-7586
Daytime Phone #

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3707149

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

Applied For
Not Applicable

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