2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P36222** KLEIDS ENTERPRISES, INC.

FILED Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90201 001 ***300.00

Ministry Advances of Business 2005 UN HAY 19 N							04-26-2001 902	.01 001	300	.00
CEARWATER FL 33785 Subta Asil f, etc. Suite, Act if, etc. Suite, Act if, etc. Suite, Act if, etc. City & State City & Stat	Principal Place	e of Business	Mailing Address			\dashv				
Suite, Apr. \$. about DO NOT WATE IN THIS SPACE	LEARWATER F		CLEARWATER FL 33765				4 (15	5	
City & State City & City & State	2. Principal P	lace of Business	3. Mailing Address							
Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SP.	ACE	
Second County C	City & State	е	City & State			4.	FEI Number 22-2353221	•	_ 	<u> </u>
The content	Zip	Country	Zip	Count	ry	5.	Certificate of Status Desired [8.75 Add	ditional
FOX, JEFF 2240 BELIAIR RD SITE 190 CLEARWATER FL 33764 City City		6. Name and Address of Current F	legistered Agent	1		7.	Name and Address of New Regis		<u> </u>	
Street Address (P. 0. Box Number is Not Acceptable)					Name					
CLEARWATER FL 33764 City Cit	2240 BELLAIR RD				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Note above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATUPE Signature Signa	750	WWW. EU 1 E 30707			City				Zip Cod	e
1.	2 The above	parmed antity submits this statement for	Alexander of alexander of		1 11					
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee wiffl be \$550.00 .	SIGNATURE .	Signature, typod or printed name of registered agent a	nd tite i' app'icable. (Ni	OTE: Registered	: Agent signature requ	irec when r	einstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C	Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00			D.		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	11.		DIRECTORS	12.		A[DDITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP SDT	TITLE		☐ Delete	TITLE						
CITY-ST-ZIP CIEARWATER FL 33765 CITY-ST-ZIP CITY-ST-ZI				NAM	<u> </u>					
TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		1								
NAME STREET ADDRESS CITY-ST-2IP TILLE NAME STREET ADDRESS CITY-ST-2IP STREET ADDRES				CIIY	-S1-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	Addition
CITY-ST-ZIP LILE NAME STREET ADDRESS CITY-ST-ZIP					l					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP				1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			TITLE	<u> </u>				Thanne	- Adeition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME		<u> </u>		Į.			L	Change	☐ War 1011
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP				STRE	ET AODRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	e Tille	:			[Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP										
STREET ADDRESS CIFY-ST-ZIP STREET ADDRESS CIFY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE CHAN				1	i					
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP NAME CITY-ST-ZIP	TITLE		∏ ∩olata						Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			L Delete					ı	change	☐ Addition
31. 31.21	STREET ADDRESS									
10 Through and the life and the	CITY-ST-ZIP				1					
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.