

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90151 017 ***150.00

0466057 AV

DOCUMENT # P93000051527

1. Entity Name
KILLIANS CAFE RENTALS, INC.



Principal Place of Business
**3333 W. KENNEDY BLVD.
SUITE 101
TAMPA FL 33609**

Mailing Address
**P.O. BOX 21287
TAMPA FL 33622
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3195648**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHOL, KENNETH M
3333 W. KENNEDY BLVD.
SUITE 101
TAMPA FL 33609**

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. 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOHL, KENNETH M**
STREET ADDRESS **7005 FORESTVIEW CT.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)



Attachment
90131834
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number **P93000051527**

Tracking Number: **100017881561**

The charge for your UBR is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at **(850) 245-6939**.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help...

*We went on line on 5/1/03
and printed this receipt
before we put in our
credit card number &
then we were unable
to go back. I called &
was told to mail the check for 150.00
with this receipt.*

3737-732906-31003

*check #
4812
enclosed*