

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 034 ***150.00

DOCUMENT # **P 93 0000 57191**

1. Entity Name

Klauber & Botti, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1620 Gulf of Mexico

3. Mailing Address
c/o Stephen J. Mitchell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 N. Franklin St., Suite 2100

DO NOT WRITE IN THIS SPACE

City & State Longboat Key, FL

City & State Tampa, FL

4. FEI Number 650442907

Applied For

Not Applicable

Zip 34228

Country USA

Zip 33602

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dr. Murray J. Klauber

Street Address (P.O. Box Number is Not Acceptable)

1620 Gulf of Mexico Drive

City Longboat Key

FL

Zip Code 34228

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director/President
Dr. Murray J. Klauber
1620 Gulf of Mexico Drive
Longboat Key, FL 34228

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director/Treasurer
Susan B. Klauber
1620 Gulf of Mexico Drive
Longboat Key, FL 34228

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 in 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 on an attached page with an address, with all powers conferred.

SIGNATURE

Dr. Murray J. Klauber, President

(941) 383-7419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)