

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90033 025 ***150.00

DOCUMENT # P93000074004

1. Entity Name
KLOS CORPORATION

Principal Place of Business

7794 MISSION CR #130
 SEMINOLE FL 33772
 US

Mailing Address

SEAMLESS SOLUTION
 11125 PARK BLVD. 104-182
 SEMINOLE FL 33772

2. Principal Place of Business

11330 80 AV N.

3. Mailing Address

11330 80 AV N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole FL

Zip

33772

Country

Pineellas

Zip

33772

Country

Pineellas

4. FEI Number

65-0446624

Applied For

Not Applicable

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

KLOS, NICHOLAS J
7794 MISSION CR #130
SEMINOLE FL 33772

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.

SIGNATURE

[Signature] **Pres**

4-28-01

Signature, type 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PVP**
 STREET ADDRESS **KLOS, NICHOLAS J**
 CITY-ST-ZIP **7794 MISSION CR #130 11330 80 AV N. SEMINOLE FL 33772 Seminole FL 33772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **KLOS, JOAN**
 CITY-ST-ZIP **7794 MISSION CR #130 11330 80 AV N SEMINOLE FL 33772 Seminole FL 33772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

SIGNATURE:

[Signature] **Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)