

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90124 048 ***150.00

DOCUMENT # P93000085439

1. Entity Name
D. AND L. KLINGEMIER, INC.



Principal Place of Business
**RT 2, BOX 869
HIGH SPRINGS FL 32655
US**

Mailing Address
**P.O. BOX 3292
HIGH SPRINGS FL 32655
US**

2. Principal Place of Business

590 S.W. Old Bellamy Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
High Springs FL

Zip
32643

Country
USA

City & State

Zip

Country

4. FEI Number **65-0455019**

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

**KLINGEMIER, DANA
P.O. BOX 3292
HIGH SPRINGS FL 32655**

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 _____ (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 ☐ Delete
NAME **D KLINGEMIER, DANA**
STREET ADDRESS **809 SW 70 AVE**
CITY-ST-ZIP **BELL FL**

TITLE ☒ Change ☐ Addition
NAME **D. Klingemier**
STREET ADDRESS **PO BOX 3292 - 590 SW Old Bellamy Rd**
CITY-ST-ZIP **High Springs FL 32655**

TITLE ☐ Delete
NAME **D KLINGEMIER, LARRY**
STREET ADDRESS **809 SW 70 AVE**
CITY-ST-ZIP **BELL FL**

TITLE ☒ Change ☐ Addition
NAME **L. Klingemier**
STREET ADDRESS **PO BOX 3292 - 590 S.W. Old Bellamy Rd**
CITY-ST-ZIP **High Springs FL 32655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 **Dana A. Klingemier** 2-1-03 386-454-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)