

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90215 038 \*\*\*158.75

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**DOCUMENT # P94000054322**

1. Entity Name  
**JOHN G. KILIAN CARPENTRY, INC.**



Principal Place of Business  
**15888 N 111TH TRAIL  
JUPITER FL 33478  
US**

Mailing Address  
**P O BOX 426  
JUPITER FL 33468  
US**

**11034163**



2. Principal Place of Business  
**1080 UNIVERSITY AVE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**APT 13**

Suite, Apt. #, etc.

City & State  
**JUPITER FLORIDA**

City & State

Zip  
**33458**

Country  
**FLA BEACH**

Zip

Country

4. FEI Number  
**65-0512633**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KILIAN, JOHN G  
15888 N 111TH TRAIL  
JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name  
**SAME**

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

**1080 UNIVERSITY BLVD.**

**APT 13**

City  
**JUPITER**

FL

Zip Code  
**33458**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KILIAN, JOHN G  
15888 N 111TH TRAIL  
JUPITER FL 33478** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Kilian JOHN G  
1080 UNIVERSITY BLVD. APT 13  
JUPITER FL 33458** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

**John G. Kilian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03** **501-262-0619**  
Date Daytime Phone #

CR2E034 (10/02)