

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004854

1. Entity Name

KLEC, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90006 032 \*\*\*150.00

Principal Place of Business

Mailing Address

17170 HARBOUR POINT DR.  
FORT MYERS FL 33908

17170 HARBOUR POINT DR.  
FORT MYERS FL 33908-2774

2. Principal Place of Business

P.O. Box 2345  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2345  
Suite, Apt. #, etc.  
E



DO NOT WRITE IN THIS SPACE

City & State  
CASHIERS, NC  
Zip  
28717  
Country

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CASHIERS, NC  
Zip  
28717  
Country

4. FEI Number 65-0558479  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CASSAVELL, EDWARD  
17170 HARBOUR POINT DR.  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name EDWARD CASSAVELL  
Street Address (P.O. Box Number is Not Acceptable)  
3512 DEL PRADO BLVD. SUITE 13  
~~1761 SPRING FOREST RD.~~  
City CASHIERS, NC FL Zip Code 28717

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 Edward Cassavell  
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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSAVELL, EDWARD	
STREET ADDRESS	17170 HARBOUR POINT DR.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD CASSAVELL	
STREET ADDRESS	P.O. Box 2345	
CITY-ST-ZIP	CASHIERS, NC 28717	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward Cassavell EDWARD CASSAVELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00

Date

828-743-3404

Daytime Phone #

CR2E034 (9/99)