

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022471

1. Entity Name

KLK CONSULTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90035 018 ***150.00

Principal Place of Business

Mailing Address

21597 KAPOK CIR
BOCA RATON FL 33433
US

P.O. BOX 811743
BOCA RATON FL 33481-1743
US

2. Principal Place of Business

5420 LYONS RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

City & State

COCONUT CREEK, FL

City & State

4. FEI Number

65-0567954

Applied For

Not Applicable

Zip

Country

33073

U.S.A.

Zip

Country

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

KAYSER, KAREN L.
21597 KAPOK CIR
BOCA RATON FL 33433

Name

KAYSER, KAREN L.

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

5420 LYONS RD, #108

City

COCONUT CREEK,

FL

Zip Code

33073

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT
NAME KAYSER, KAREN L.
STREET ADDRESS 21597 KAPOK CIR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DPVT
NAME KAYSER, KAREN L.
STREET ADDRESS 5420 LYONS RD, #108
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)