

# 2000 UNIFORM BUSINESS REPORT (UBR)

Profit Corp. lot 2

DOCUMENT # P96000008853

1. Entity Name

KLEE Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 AM 11:26

Principal Place of Business

10550 Old St. Augustine Rd.  
#30  
Jacksonville FL 32257

Mailing Address

12967 Silver Oak Dr.  
Jacksonville FL 32223

2. Principal Place of Business

3. Mailing Address

10550 Old St. Augustine Rd  
Suite, Apt. #, etc.  
#30

12967 Silver Oak  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3368174

Applied For

Not Applicable

Zip

32257

Country

DUVAL

Zip

32223

Country

DUVAL

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

Name

Dennis KLEE

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

12967 Silver Oak Dr

City

Jacksonville

FL

Zip Code

32223

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

Dennis Klee

Dennis KLEE President

6/1/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Dennis KLEE  
CITY-ST-ZIP 12967 Silver Oak Dr  
Jacksonville FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003322446--4  
CITY-ST-ZIP -07/13/00--01080--002  
\*\*\*\*150.00 \*\*\*\*150.00  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:

Dennis Klee

Dennis KLEE

6/1/00

904 463 2889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Klee Inc.  
Harmonious Monks Inc.  
12967 Silver Oak Dr.  
Jacksonville FL 32223**

**To Whom it may concern;**

**I never received the re-instatement forms for either of the above listed corporations. When I called your office at the end of May they instructed me to include a note with these forms indicating this problem.**

**I have filled out the forms and included the fee for both corporations.  
Please re-instate them accordingly.**

**Sincerely,**

A handwritten signature in black ink that reads "Dennis Klee". The signature is written in a cursive, flowing style.

**Dennis Klee, President**