

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90012 022 ***150.00

DOCUMENT # P96000039368

1. Entity Name

K & L PROFESSIONAL PAYROLL SERVICE, INC.



Principal Place of Business

**133 GARDEN AVE N
CLEARWATER FL 33755
US**

Mailing Address

**133 GARDEN AVE N
CLEARWATER FL 33755
US**

2. Principal Place of Business

3. Mailing Address

St **611 Druid Rd E - Ste 403
Clearwater FL 33756-3935**

**611 Druid Rd E - Ste 403
Clearwater FL 33756-3935**

City & State

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

59-3380088

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

**LETTAU, KATHLEEN E
133 GARDEN AVE N
CLEARWATER FL 33755**

Name

LETTAU, KATHLEEN

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

40

K&L Prof Payroll Service Inc

611 Druid Road Suite 403

City

Clearwater, FL 33756

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

Kathleen E Lettau

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

(NOTE: Registered Agent signature required when reinstating)

2-15-03

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	DPTS	<input type="checkbox"/> Delete
NAME	LETTAU, KATHLEEN E	
STREET ADDRESS	502 ORANGEVIEW AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

Kathleen E Lettau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-03

Date

727-445-9707

Daytime Phone #