## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P96000100958 1. Entity Name KLESS, INC. 02-07-2001 90159 027 \*\*\*150.00 Principal Place of Business Mailing Address 6339 SEBRING STREET 6339 SEBRING STREET SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For .59-34 16303 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLESS, RONALD Street Address (P.O. Box Number is Not Acceptable) **6339 SEBRING STREET** SPRING HILL FL 34607 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ₫Œ ☐ Delete TITI F ☐ Change Addition KLESS, RONALD NAME NAME 6339 SEBRING ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KLESS, DOLORES NAME NAME STREET ADDRESS 6339 SEBRING ST STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 further 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: TED NAME OF SIGNING OFFICER OR DIRECTOR