

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90106 012 ***150.00

DOCUMENT # P97000021335

1. Entity Name

KILIAN MANAGEMENT INCORPORATED

Principal Place of Business

**3744 SE FAIRWAY EAST
STUART FL 34997**

Mailing Address

**3744 SE FAIRWAY EAST
STUART FL 34997**

2. Principal Place of Business

3744 SE FAIRWAY EAST

3. Mailing Address

3744

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL 34997

City & State

STUART, FL 34997

Zip

Country

34997

USA

Zip

Country

34997

USA

4. FEI Number

52-2033838

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

**KILIAN, FRANK J
3744 SE FAIRWAY EAST
STUART FL 34997**

Name

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

City

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KILIAN, FRANK J
3744 SE FAIRWAY E
STUART FL 34997** ☐ Delete

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

TITLE
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CITY-ST-ZIP
**VD
KILIAN, DEBBIE B
3744 SE FAIRWAY E
STUART FL 34997** ☐ Delete

TITLE
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☐ Change ☐ Addition

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

FRANK J KILIAN

Date

4/15/01

Daytime Phone #

561-221-8209

CR2E034 (10/00)