

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90051 019 ***150.00

DOCUMENT # P97000049132

1. Entity Name
K.J NEILL ENTERPRISES, INC.

Principal Place of Business

~~3041 PIN OAKS STREET~~
SARASOTA FL 34232

Mailing Address

~~3041 PIN OAKS STREET~~
SARASOTA FL 34232

2. Principal Place of Business

30 HATCHETT CREEK RD

Suite, Apt. #, etc.

3. Mailing Address

30 HATCHETT CREEK RD

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

59-3449332

Applied For

Not Applicable

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEILL, KARL J

~~3041 PIN OAKS STREET~~

SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) **30 HATCHETT CREEK RD.**

City **VENICE**

FL

Zip Code **34292**

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, 2002 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

TITLE **D** ☐ Delete
NAME **NEILL, KARL J**
STREET ADDRESS **3041 PIN OAKS STREET**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **30 HATCHETT CREEK RD**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **KARL NEILL PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 **941 726-3588**
Date Daytime Phone #

CR2E034 (9/01)