

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90082 005 \*\*\*150.00

**DOCUMENT # P97000087646**

**1. Entity Name**  
**K-L ENTERPRISES OF SOUTH FLORIDA, INC.**

**Principal Place of Business**      **Mailing Address**  
**2159 ANDREA LN.**      **2159 ANDREA LN.**  
**FT. MYERS FL 33912**      **FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
*c/o LeVan Asset Management Corp.*      *c/o LeVan Asset Management Corp.*

**Suite, Apt. #, etc.**  
*8250 College Pkwy. #201*      *8250 College Pkwy. #201*

**City & State**  
*Ft. Myers, FL*      *Ft. Myers, FL*

**Zip**      **Country**      **Zip**      **Country**  
*33919*      *USA*      *33919*      *USA*

**4. FEI Number**      **65-0788265**      **Applied For**  
☐      **\$8.75 Additional Fee Required**

**5. Certificate of Status Desired**      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LEVAN, TERRIS T**  
**2159 ANDREA LN.**  
**FT. MYERS FL 33912**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
*8250 College Pkwy #201*  
**City**      **FL**      **Zip Code**  
*Ft. Myers*      *33919*

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐ **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**      **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.** ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVAN, TERRIS T		NAME		
STREET ADDRESS	2159 ANDREA LN.		STREET ADDRESS	<i>8250 College Pkwy #201</i>	
CITY-ST-ZIP	FT. MYERS FL 33912		CITY-ST-ZIP	<i>Ft. Myers, FL 33919</i>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRANTZ, GARY		NAME		
STREET ADDRESS	7240 COYOTE TR.		STREET ADDRESS		
CITY-ST-ZIP	LONGMONT CO 80503		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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 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 life empowered.**

**SIGNATURE:** *Terris T. LeVan*      *4/5/02*      *941-482-4580*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**

CP2E034 (9/01)