

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030316

1. Entity Name

K & L PROPS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90378 024 ***150.00

Principal Place of Business

Mailing Address

16514 N. FLORIDA AVE.
TAMPA FL 33549

16514 N. FLORIDA AVE.
TAMPA FL 33605-4629

2. Principal Place of Business

4302 E 10th AVE

Suite, Apt. #, etc.

304

City & State

TAMPA FL

Zip

Country

33605 USA

3. Mailing Address

4302 E 10th AVE

Suite, Apt. #, etc.

304

City & State

TAMPA FL

Zip

Country

33605 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507424

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

LARSON, H. WILLIAM ESQ.
7381 114TH AVE. NORTH, STE. 406
LARGO FL 33773

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS LESNIEWSKI, PAUL
CITY-ST-ZIP 4304 VENICE DR.
LANDO FL 34639

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KREUZER, ERIC JOHN
CITY-ST-ZIP 10802 WEST HILLSBOROUGH AVE., APT. 1612
TAMPA FL 33615

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS KREISLER, ERIC JOHN
CITY-ST-ZIP 4515 BRAY RD
TAMPA FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Paul Lesniewski* PAUL LESNIEWSKI 04-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

813 917-3823