

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0133734 AT

DOCUMENT # P98000030316

1. Entity Name
K & L PROPS, INC. *K4L Props, Inc.*
Kreuzer Buill, Inc.



Principal Place of Business
4302 E 10TH AVE
304
TAMPA FL 33605

Mailing Address
PO BOX 996
MANGO FL 33550-0996

FILED
03 OCT -3 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
4302 E 10th Av
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 996
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33605
Country
USA.

City & State
Mango FL
Zip
33550
Country
U.S.A.

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

LARSON, H. WILLIAM ESQ.
11199 69TH ST N
LARGO FL 33773-5504

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KREUZER, ERIC
1515 BRAY RD
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ERICSSON, DEBORAH
1705 SOUTHWIND DR
BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000023551210
10/03/03--01084--020 **550.00

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)