

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047509

1. Entity Name

KLC SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90060 021 ***150.00

Principal Place of Business

2278 BLACK OAK COURT
SARASOTA FL 34232

Mailing Address

2278 BLACK OAK COURT
SARASOTA FL 34232-4357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0836788

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

MARLO, LISA ANN
2278 BLACK OAK COURT
SARASOTA FL 34232

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	D	<input type="checkbox"/> Delete
NAME	MARLO, KAREN ANN	
STREET ADDRESS	2278 BLACK OAK COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SAPIRSTEIN, KAREN F	
STREET ADDRESS	3305 WESSYNTON WAY	
CITY-ST-ZIP	ALEXANDRIA VA 22309	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARLO, LISA A	
STREET ADDRESS	2278 BLACK OAK CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

LISA ANN MARLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

425.00 941-377-4726

CR2E034 19/99