

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90059 006 \*\*\*558.75

**DOCUMENT # P98000061326**

1. Entity Name  
**KILLIAN REAL ESTATE, INC.**

Principal Place of Business

7815 N DALEMABRY  
 STE. 208  
 TAMPA FL 33614  
 US

Mailing Address

3008 LAKE ELLEN DRIVE  
 TAMPA FL 33818

RU010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3008 LAKE ELLEN DR**

Mailing Address

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State  
**FL**

4. FEI Number  
**59-3524985**

Applied For  
 Not Applicable

Zip  
**33618**

Country  
**Hillsborough**

Zip

Country

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

6. Name and Address of Current Registered Agent

~~KILLIAN, DANIEL S~~  
~~3008 LAKE ELLEN DRIVE~~  
~~TAMPA FL 33818~~

7. Name and Address of New Registered Agent

Name  
**NANCY J. Killian**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3008 LAKE ELLEN DR**  
 City  
**TAMPA FL 33618**

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 *Nancy J. Killian, U. President*

DATE  
**9-5-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>KILLIAN, DANIEL S</b>	<b>3008 LAKE ELLEN DRIVE</b>	<b>LAKELAND FL 33818</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>NICE PRESIDENT</b>	<b>NANCY J. Killian DR</b>	<b>3008 LAKE ELLEN DR TAMPA, FL 33618</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I am empowered.

SIGNATURE: *NANCY J. Killian, U. President* 9-5-00 8132652730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)