2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

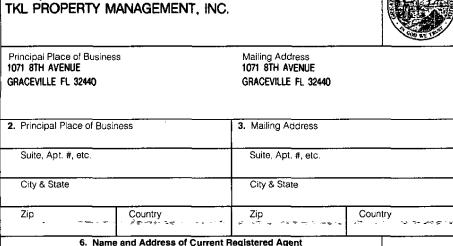


04-07-2003 91029 032 ***150.00

FILED

Apr 07, 2003 8:00 am Secretary of State

DOCUMENT #	P98000088804	
Entity Name KL PROPERTY MANA	GEMENT, INC.	
District District Control	Mailing Address	



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3540544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - ---Fee Required 7. Name and Address of New Registered Agent Zip Code 9. Election Campaign Financing \$5.00 May Be

LOWMAN, WILLIAM R JR. Street Address (P.O. Box Number is Not Acceptable) 315 ROBINSON ST., STE. 600 ORLANDO FL 32801 City

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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

OTE: Registered Agent signature required when reinstating)

Trust Fund Contribution.

Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition GIVENS CHARLOTTE J NAME NAME TOTT 8TH AVENUE STREET ADDRESS STREET ADDRESS GRACEVILLE FL 32440 CITY-ST-ZIP CITY-ST-ZIP Owens, Charlotte J 1071 8th Ave TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ... Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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