

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90028 013 ***150.00

DOCUMENT # P99000001053

1. Entity Name
KALINA INTERNATIONAL, INC.

Principal Place of Business
P.O. BOX 8
BONITA SPRINGS FL 34133

Mailing Address
P.O. BOX 8
BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3555917**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANE, L. ELIZABETH
300 L'AMBIANCE CIRCLE, SUITE 101
NAPLES FL 34108

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, 2002 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 **P** ☐ Delete
 NAME **DEANE, ELIZABETH L**
 STREET ADDRESS **300 L'AMBIANCE CIR #101**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5895 Chantecclair Dr #118**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **VP** ☐ Delete
 NAME **DEANE, RUSSELL**
 STREET ADDRESS **5019 MILL POND RD**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **321 SE 3rd St, H-13**
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

239-498-9700

Daytime Phone #

CR2E034 (9/01)