## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000001533** KALAR, INC. 03-15-2000 90075 041 \*\*\*150.00 Mailing Address Principal Place of Business 9253 119TH AVE. N. 9253 119TH AVE. N. LARGO FL 33773-4331 LARGO FL 33773 ATATA 2. Principal Place of Business 3. Mailing Address 6165 58ST N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State, 57, Peters burg 4. FEI Number 59-355/098 Applied For Not Applicable Pivellas \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KODA, KAREN B 9253 119TH AVE. N. **LARGO FL 33773** 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. LARRY G. BROBCIF FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

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11.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARSIDENT KAREN B. KODA 9253 11974 AVEN LANGO F/ 33773	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LANNY G. BROBECK 6165 585TN G-2 51, Petersburg, F1 33709	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Change	Addition
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.						

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR