

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006009

1. Entity Name

K&L MARKETING CONSULTANTS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90067 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1405 ORCHID LANE  
ORLANDO FL 34744

1405 ORCHID LANE  
ORLANDO FL 34744-2761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3550349

Applied For

Not Applicable

Zip

34744

Country

Zip

34744-2761

Country

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

BAGLEY, LISA C  
1405 ORCHID LANE  
ORLANDO FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Kissimmee

FL

Zip Code

34744

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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, KEVIN A	
STREET ADDRESS	1405 ORCHID LANE	
CITY-ST-ZIP	ORLANDO FL 34744	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BAGLEY, LISA C	
STREET ADDRESS	1405 ORCHID LANE	
CITY-ST-ZIP	ORLANDO FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEVIN A	
STREET ADDRESS	1405 Orchid Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGLEY, LISA C	
STREET ADDRESS	1405 Orchid Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lisa C Bagley* Lisa C Bagley 31 Mar 00 407.847.5756

CR2E034 (9/99)