

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90155 020 ***150.00

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DOCUMENT # P99000010455

1. Entity Name

KLANDERS CONSTRUCTION, INC.



Principal Place of Business
RT 2 BOX 208, WEST ROAD
LAKE CITY FL 32055

Mailing Address
P O BOX 3515
LAKE CITY FL 32056

2. Principal Place of Business

Rt 9 Box 6004

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Zip

32024

Country

Columbia

Country

4. FEI Number

59-3564410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KLANDERUD, STEVEN L
RT 2 BOX 208, WEST ROAD
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KLANDERUD, STEVEN L	
STREET ADDRESS	P O BOX 3515 N/A	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLANDERUD, JOSEPH J	
STREET ADDRESS	RT 9 BOX 678	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLANDERUD, MICHAEL J	
STREET ADDRESS	BOX 1748	
CITY-ST-ZIP	LAKE CITY FL 32056	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/03

Date

386-753-3791

Daytime Phone #

CR2E034 (10/02)