

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

999000024567

KLS Marketing Consultants, Inc.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90002 013 ***550.00

00068685

Principal Place of Business

(old)

Mailing Address

1205 Sussex Drive
North Lauderdale, FL 33068

2. Principal Place of Business

2421 West Hampton Falls Dr.
Suite, Apt. #, etc.

3. Mailing Address

2421 West Hampton Falls Dr.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
65-0903220

Applied For
Not Applicable

Zip
32224

Country
Duval

Zip
32224

Country
Duval

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

Keri L. Skovenski
1205 Sussex Drive
North Lauderdale, FL 33068

Name
Keri L. Skovenski

Street Address (P.O. Box Number is Not Acceptable)
2421 West Hampton Falls Drive

City
Jacksonville FL Zip Code
32224

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 Keri L. Skovenski July 1, 2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P/V/T/S/D	Keri L. Skovenski	2421 West Hampton Falls Dr.	Jacksonville, FL 32224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Keri L. Skovenski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2000 904/992-1045

Date

Daytime Phone #

CR2E034 (9/99)