

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90235 033 \*\*\*150.00



**DOCUMENT # P99000043679**

1. Entity Name  
**KILLIAN PROCESSING, INC.**

Principal Place of Business  
**3008 LAKE ELLEN DRIVE  
TAMPA FL 33618**

Mailing Address  
**3008 LAKE ELLEN DRIVE  
TAMPA FL 33618**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3578028**

Applied For  
Not Applicable

Zip

Country

Zip

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

**KILLIAN, NANCY F  
3008 LAKE ELLEN DR  
TAMPA FL 33618**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b> <input type="checkbox"/> Delete
NAME	<b>KILLIAN, NANCY J</b>
STREET ADDRESS	<b>3008 LAKE ELLEN DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33618</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>VP KILLIAN, JAMES L</b>
STREET ADDRESS	<b>1316 BANK AVENUE</b>
CITY-ST-ZIP	<b>NEW IBERIA LA-70560</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP KILLIAN, DANIEL S</b>
STREET ADDRESS	<b>2863 CHATSWORTH LANE</b>
CITY-ST-ZIP	<b>TAMPA FL 33813</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *Nancy Killian* **President** 2-10-03 823 7263800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)