

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91578 030 ***150.00

DOCUMENT # P99000050313

1. Entity Name
KS ADVISORS, INC.

Principal Place of Business
6238 PRESIDENTAL CT., #7
FT. MYERS FL 33919

Mailing Address
6238 PRESIDENTAL CT., #7
FT. MYERS FL 33919

B0081821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

38 BARKLEY CIRCLE
 Suite, Apt. #, etc.

38 BARKLEY CIRCLE
 Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL

FT. MYERS, FL

Zip

Country

Zip

Country

33907

LEE

33907

LEE

4. FEI Number
65-0921998

Applied For
 Not Applicable

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

HUNT, CLIFFORD J
BECKER & POLIAKOFF, P.A.
401 EAST JACKSON STREET., STE 2400
TAMPA FL 33602

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | P BOYLE, KEVIN 21319 TOWN LAKES DRIVE., #1235 BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FINE, SCOTT 1420 ARTHUR AVENUE FT. MYERS FL 33901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Scott Fine*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Daytime Phone #

CR2E034 (9/01)