

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90120 015 ***150.00

DOCUMENT # P99000050313

1. Entity Name
KS ADVISORS, INC.



Principal Place of Business
**38 BARKLEY CIR.
FORT MYERS FL 33907**

Mailing Address
**38 BARKLEY CIR.
FORT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0921998**

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

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

7. Name and Address of New Registered Agent

Name **WINER, STEVEN I, ESQ**
Street Address (P.O. Box Number is Not Acceptable) **2330 FIRST ST, STE 1000**
City **FT. MYERS** State **FL** Zip Code **33901**

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 **4/14/03**

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 **P** ☐ Delete
NAME **BOYLE, KEVIN**
STREET ADDRESS **21319 TOWN LAKES DRIVE, #1235**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **V** ☐ Delete
NAME **FINE, SCOTT**
STREET ADDRESS **1420 ARTHUR AVENUE**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **21391 TOWN LAKES DR #112**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1548 WHISKEY CREEK DR**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SCOTT FINE
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/14/03**

DAYTIME PHONE # **239-481-5568**

CR2E034 (10/02)