## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # S02753** 1. Entity Name KLI ENTERPRISES, INC. 03-20-2000 90048 004 \*\*\*150.00 Principal Place of Business Mailing Address RD 1 BOX 178 4521 RAINBOW ROAD SOUTH VENICE FL-34293 BANGALL ROAD MILLBROOK NY 12545-9752 00030197 2. Principal Place of Business 3. Måiling Address 584 BANGAIL Rd. 584 Bangan Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0223011 Millbrook Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 12545 JU.S Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNICKERBOCKER, RONALD F KNICKERBOCKER, RONALD F. Street Address (P.O. Box Number is Not Acceptable) 390 US 301 BLVD W - UNIT 190 4521 RAINBOW RD VENICE FL 34293 Zip Code 34205 BRADENTON 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. 3-3-2000 RONALD F KNICKERbocker (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Ø (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPT KNICKERbocker, RONALD F. Change TITLE TITLE Delete KNICKERBOCKER, RONALD F. NAME NAME 584 BANGAII Rd 4521 RAINBOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH VENICE FL CITY-ST-ZIP Millbrook NV 12545 KNICKERbocker, ELIZAbeth Change Addition ☐ Delete TITLE TITLE KNICKERBOCKER, ELIZABETH NAME NAME 584 BANGAIL Rd STREET ADDRESS 4521 RAINBOW ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH VENICE FL mill brook NY Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 914 677-9349

KELLER PONALD F KNICKERBOCKER

SIGNATURE: