


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90176 050 \*\*\*150.00

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<b>DOCUMENT #</b> V03045	
<b>1. Entity Name</b> KLATT ENTERPRISES, INC.	

<b>Principal Place of Business</b> KLATT ENTERPRISES 9290 NICKELS BLVD BOYNTON BEACH FL 33436 US	<b>Mailing Address</b> PO DRAWER 1240 BOYNTON BEACH FL 33425 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0315081		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SCHROEDER AND LARCHE, P.A. 2255 GLADES RD., STE 319-A BOCA RATON FL 33431		Name Schroeder and Larche, P.A. Street Address (P.O. Box Number is Not Acceptable) 120 East Palmetto Park Rd, Suite 150 City Boca Raton FL Zip Code 33432	

**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 Michael A. Schroeder, President DATE January 29, 2003

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONAL TO CHANGES ONLY	
T LUCAS, SHERI WINCHEST 9290 NICKELS BLVD BOYNTON BCH FL	<input type="checkbox"/> Delete	T Lucas, Sheri Winchester 5170 84th Place So. Boynton Beach, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP WINCHESTER, BILL R. 9290 NICKELS BLVD. BOYNTON BEACH FL	<input type="checkbox"/> Delete	DP Klatt, Ernest A. 130 East Main St. Franklin, NC 28734	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KLATT, ERNEST A. 44 EAST MAIN ST. FRANKLIN NC	<input type="checkbox"/> Delete	D Klatt, Ernest A. 130 East Main St. Franklin, NC 28734	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SV WINCHESTER, ELSIE A 9290 NICKELS BLVD BOYNTON BCH FL	<input type="checkbox"/> Delete	SV WINCHESTER, ELSIE A 9290 NICKELS BLVD BOYNTON BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Michael A. Schroeder **4-22-03** **561-732-3861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)