

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10698

1. Entity Name

KILLINOR CORP.

Principal Place of Business

322 N OCEAN BLVD
DELRAY BEACH FL 33444
US

Mailing Address

CHRISTINE HORN PA
3469 BOYNTON BEACH BLVD
BOYNTON BEACH FL 33436
US

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 58-1980968

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

HORN, CHRISTINE M. E
3469 WEST BOYNTON BEACH BLVD
SUITE 18
BOYNTON BEACH FL 33436

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, 2001 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
PTD
SCHNEIDER, TIM
PRASIDIAL-ANSTALT, AUELESTRASSE 38
VADUZ LI ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
RIEDERER, LILIANE
PRASIDIAL-ANSTALT, AUELESTRASSE 38
VADUZ LI ☐ Delete

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

TITLE
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CITY-ST-ZIP
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PRASIDIAL-ANSTALT, AUELESTRASSE 38
VADUZ LI ☐ Delete

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2001 561-736-2023

Date

Daytime Phone #

CR2E034 (10/00)

0306884

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90059 036 ***150.00



DO NOT WRITE IN THIS SPACE