

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91009 022 ***150.00

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 Suite #15
BOYNTON BEACH FL 33436
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1980968**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **HORN, CHRISTINE M. E**
Street Address (P.O. Box Number is Not Acceptable)
**3469 West Boynton Beach Blvd
Suite 15**
City **Boynton Beach** FL Zip Code **33436**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-10-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **SCHNEIDER, TIM**
STREET ADDRESS **PRASIDIAL-ANSTALT, AUELESTRASSE 38**
CITY-ST-ZIP **VADUZ LI**

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

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

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

TITLE **DV** ☐ Delete
NAME **EBERSBERG, CHRISTOF**
STREET ADDRESS **PRASIDIAL-ANSTALT, AUELESTRASSE 38**
CITY-ST-ZIP **VADUZ LI**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)