

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90020 031 ***150.00

DOCUMENT # 447465

1. Entity Name

T.K. ENTERPRISES OF WINTER HAVEN., INC.

Principal Place of Business

Mailing Address

201 PAINE DR
 WINTER HAVEN FL 33884
 US

201 PAINE DR
 WINTER HAVEN FL 33884-2379
 US

715170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1516383

Applied For
 Not Applicable

Zip

Country

Zip

Country

33884-2379

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

KONDOR (THOMAS E.)
201 PAINE DRIVE
WINTER HAVEN FL 33884

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, 2000 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 Delete
 NAME **PD**
 STREET ADDRESS **KONDOR, BARBARA A**
 CITY-ST-ZIP **201 PAINE DRIVE**
WINTER HAVEN, FL 00000 33884

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-2379**

TITLE Delete
 NAME **SDT**
 STREET ADDRESS **KONDOR, THOMAS**
 CITY-ST-ZIP **201 PAINE DRIVE**
WINTER HAVEN, FL 00000 33884

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-2379**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Barbara A. Kondor **BARBARA A. KONDOR**

2-7-00

863-324-3274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)