

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90021 030 \*\*\*150.00

**DOCUMENT # F78412**

1. Entity Name

**FTK CORPORATION**

Principal Place of Business

Mailing Address

**1306 W. KENNEDY BLVD.  
 TAMPA FL 33606-1849**

**1306 W. KENNEDY BLVD.  
 TAMPA FL 33606-1849**

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 **59-2186722**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRASKE, STEPHEN B I  
 1306 W. KENNEDY BLVD  
 TAMPA FL 33606-1849**

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	DP	<input type="checkbox"/> Delete
NAME	FERMAN, JAMES L., JR.	
STREET ADDRESS	1307 W KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STRASKE, STEPHEN B I	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FARRIOR, PRESTON L	
STREET ADDRESS	1307 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAKEMAN, JAMES E	
STREET ADDRESS	1306 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33606-1849	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1306 W Kennedy Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:**

*James E Brakeman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

813-251-2765

Daytime Phone #