

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90025 004 ***150.00

0489933

DOCUMENT # P93000069929

1. Entity Name
T & K PROPERTIES OF NORTH FLORIDA, INC.

Principal Place of Business
**16328 W FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32413
 US**

Mailing Address
**16328 W FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32413
 US**

2. Principal Place of Business
2000 MONROE ST
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 221837
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FL
 Zip
33020
 Country
USA

City & State
HOLLYWOOD FL
 Zip
33022
 Country
USA

4. FEI Number **59-3203990**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAHN, THOMAS R
 16328 W FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2008 MONROE ST
 City
HOLLYWOOD FL Zip Code
33020

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 *Thomas R. Dahn*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/10/01

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	D <input type="checkbox"/> Delete
NAME	DAHN, THOMAS R
STREET ADDRESS	16328 W FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	DAHN, KARLA D
STREET ADDRESS	16328 W FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PO BOX 221837
CITY-ST-ZIP	HOLLYWOOD FL 33022
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO BOX 221837
CITY-ST-ZIP	HOLLYWOOD FL 33022
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)(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: *Karla Dahn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARLA DAHN

DATE
2/10/01

DAYTIME PHONE #
954 921-6990

CR2E034 (10/00)