

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031019

1. Entity Name

C & K ASSET MANAGEMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90077 031 ***150.00

Principal Place of Business

Mailing Address

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-5628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3504093

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

SESSIONS, KEVIN F
5951 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Name

Robert S. Jones

Street Address (P.O. Box Number is Not Acceptable)

5951 Arlington Expressway

City

Jacksonville

FL

Zip Code

32211

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

Robert S. Jones

(NOTE: Registered Agent signature required when constituting)

4/18/00

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 PD
NAME SESSIONS, KEVIN R
STREET ADDRESS 5951 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE VPD
NAME FALKER, CAREN
STREET ADDRESS 5951 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE STD
NAME JANAS, ROBERT
STREET ADDRESS 5951 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME Jones, Robert ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Robert S. Jones

4/18/00

904 743 8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)