

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90953 003 ***150.00

DOCUMENT # **L 47992**

1. Entity Name

TKA INDUSTRIAL SERVICES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

STUART FL

3. Mailing Address

1353 S.W. HEATHER TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART FL

4. FEI Number

65-0179705

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

T.K. ACIERNO

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

1353 S.W. HEATHER TERR

City

STUART

FL

Zip Code

34997

**DO NOT WRITE
IN THIS SPACE**

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

T.K. ACIERNO

T.K. ACIERNO

2/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. T.K. ACIERNO 1353 S.W. HEATHER TERR STUART, FL 34997
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

T.K. ACIERNO

T.K. ACIERNO

2/28/03

**772
406-9641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)