


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91036 049 ***150.00

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DOCUMENT # 510220	
1. Entity Name C. K. OF SEMINOLE, INC.	

Principal Place of Business 7050 SEMINOLE BLVD. SEMINOLE FL 33772 US	Mailing Address 7050 SEMINOLE BLVD. SEMINOLE FL 33772 US
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2. Principal Place of Business 4750 AUGUSTA AVE	3. Mailing Address 4750 AUGUSTA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oldsmar, FL	City & State Oldsmar, FL
Zip 34677	Zip 34677
Country USA	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1688561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DILLON DENNIS 7050 SEMINOLE BLVD SEMINOLE FL 33772
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7. Name and Address of New Registered Agent Name DENNIS DILLON Street Address (P.O. Box Number is Not Acceptable) 4750 AUGUSTA AVE City Oldsmar FL Zip Code 34677
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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 <u><i>Dennis Dillon</i></u> DATE <u>4-18-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLON, DENNIS 4750 AUGUSTA AVE OLD SMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DILLON, DENNIS 4750 AUGUSTA AVE OLD SMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLON, STARR 4750 AUGUSTA AVE OLD SMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Dennis Dillon</i></u> SIGNATURE REQUIRED	Date 4-18-03	Daytime Phone # 727-786-5186
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2E034 (10/02)