

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90009 002 ***150.00

DOCUMENT # 576362

1. Entity Name
C K PRODUCTS, INC.

Principal Place of Business

**1940 N.W. 18TH ST.
POMPANO BCH. FL 33069**

Mailing Address

**1940 N.W. 18TH ST.
POMPANO BCH. FL 33069**

80020899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1847513**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY CHARLES E. JR

12717 NW 19TH MANOR

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

CHARLES E KENNEDY JR

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

10248 NW 62 CT

City

PARKLAND

FL

Zip Code

33076

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, 2002 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

TITLE **SVP** ☐ Delete
NAME **KENNEDY, ELIZABETH**
STREET ADDRESS **12717 NW 19 MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☒ Change ☐ Addition
NAME **ELIZABETH KENNEDY**
STREET ADDRESS **10248 NW 62 CT**
CITY-ST-ZIP **PARKLAND FL 33076**

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

TITLE ☐ Change ☐ Addition
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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:

CHARLES E KENNEDY JR 1/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)