

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90058 038 ***150.00

DOCUMENT # 577380

1. Entity Name

D K PROPERTIES, INC.

Principal Place of Business

Mailing Address

4230 ORTEGA BLVD
 JACKSONVILLE FL 32210

4230 ORTEGA BLVD
 JACKSONVILLE FL 32210-4463

000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4202 Ortega Blvd.

3. Mailing Address

4202 Ortega Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1829390

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, C. FINLEY JR.
 4230 ORTEGA BLVD.
 JACKSONVILLE, FLORIDA
 32210**

7. Name and Address of New Registered Agent

Name **Knight, C. Finley, Jr.**

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

4202 Ortega Blvd.

City **Jacksonville**

FL

Zip Code

32210

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, 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

TITLE **PVD**
 NAME **KNIGHT, C FINLEY JR**
 STREET ADDRESS **4230 ORTEGA BLVD**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

☐ Delete

TITLE **D**
 NAME **KNIGHT, A. PALMER**
 STREET ADDRESS **4230 ORTEGA BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

☒ Delete

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **Knight, C. Finley Jr.**
 STREET ADDRESS **4202 Ortega Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32210**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Finley Knight, Jr., President

4/10/00

Date

(904) 387-6148

Daytime Phone #

CR2E034 (9/99)