

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665944

1. Entity Name

TUESDAY KIRK ENTERPRISES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90033 038 ***150.00

Principal Place of Business

Mailing Address

C/O GENE AINSWORTH
P O BOX 6267
JACKSONVILLE FL 32236

C/O GENE AINSWORTH
P O BOX 6267
JACKSONVILLE FL 32236-6267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2013891**

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

AINSWORTH, GENE
5274 ROYCE AVE
JACKSONVILLE FL 32205

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	AINSWORTH, GENE A JR.	5274 ROYCE AVE	JACKSONVILLE FL 32205	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	AINSWORTH, AMY	4419 HIAWATHA ST.	JACKSONVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CP	AINSWORTH, GENE A SR	4419 HIZWATHA ST.	JACKSONVILLE FL 32210	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TS	FERBRACHE, CARL L III	8124 OAK STREET	JACKSONVILLE FL 32205	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	WYLLY, JEANINE	3149 HWY 17	ORANGE PARK FL 32073-7115	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVS	MORGAN, BARBARA	2227 W. 7TH LANE	GAINESVILLE FL 32603	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

904-384-9867

CR2E034 (9/99)