

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005677

1. Entity Name

TBK HOLDINGS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90395 026 ***150.00

H0057925



DO NOT WRITE IN THIS SPACE

Principal Place of Business
375 URBANDALE
BENTON HARBOR MI 49022

Mailing Address
375 URBANDALE
BENTON HARBOR MI 49022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 38-3257293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASUN, ROBERT A
3781 COMMERCE LOOP
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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, 2001 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 PD ☐ Delete
NAME KASUN, ROBERT A
STREET ADDRESS 1007 LAKE BOULEVARD
CITY-ST-ZIP ST JOSEPH MI

TITLE VD ☐ Delete
NAME KASUN, TIMOTHY G
STREET ADDRESS 5945 SHANGHAI ROAD
CITY-ST-ZIP EAU CLAIRE MI

TITLE STD ☐ Delete
NAME AVERILL, KATHRYN E
STREET ADDRESS 3291 WYNDWICKE DRIVE
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert Kasun PRES

5-1-01

CR2E034 (10/00)