

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90943 026 \*\*\*150.00

**DOCUMENT # F99000005349**

1. Entity Name  
**TELEKINESIS ENTERPRISES, INC.**

Principal Place of Business  
**522 HUNT CLUB BLVD. SUITE 208**  
**APOPKA FL 32703**

Mailing Address  
**522 HUNT CLUB BLVD. SUITE 208**  
**APOPKA FL 32703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**522 Hunt Club Blvd #208**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 208**

City & State

City & State  
**APOPKA, FL**

4. FEI Number **22-3666623**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32703**

**SEMIPOLE**

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

**KNOTT, DOREEN**  
**800 LAKE ESTELLE DR.**  
**ORLANDO FL 32803**

Name  
**Doreen Knott**

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

**133 Limerick Ct**

City  
**Orlando**

**FL**

Zip Code  
**32828**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**REID, RHOAN** ☐ Delete  
**1326 MARSH CREEK LN**  
**ORLANDO FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**RHOAN Reid** ☒ Change ☐ Addition  
**10603 SUNRISE Terrace Drive**  
**ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**REID, MILDRED** ☐ Delete  
**1326 MARSH CREEK LN**  
**ORLANDO FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**MILDRED Reid** ☒ Change ☐ Addition  
**10603 SUNRISE Terrace Drive**  
**ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: **Rhoan Reid**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**  
Date

**407-760-8007**  
Daytime Phone #.

CR2E034 (10/00)