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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03, 2001 8:00 am Secretary of State DOCUMENT # G03276 T.L.K. CONSTRUCTION COMPANY, INC. 02-03-2001 90061 037 ***150.00 Principal Place of Business Mailing Address 355 SW 2ND AVENUE 355 SW 2ND AVENUE DANIA FL 33004 DANIA FL 33004 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2225761 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAY, TED L. Street Address (P.O. Box Number is Not Acceptable) 355 SW 2ND AVENUE **DANIA FL 33004** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition NAME KAY, TED L NAME STREET ADDRESS 355 SW 2ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE Delete TITLE ☐ Change ☐ Addition NAME KAY, KATHERINE E NAME STREET ADDRESS 355 SW 2ND AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DANIA FL 33004** TITI F ☐ Addition Delete TITLE ☐ Change NAME KAY, KATHERINE E STREET ADDRESS 355 SW 2ND AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Delete TITLE ☐ Addition Change NAME = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.