

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90254 016 ***150.00

DOCUMENT # G48694

1. Entity Name
P.K. TRADING COMPANY

Principal Place of Business

2810 SOUTH JENKINS ROAD
P. O. BOX 12819
FORT PIERCE FL 34979-2819
US

Mailing Address

2810 SOUTH JENKINS ROAD
P. O. BOX 12819
FORT PIERCE FL 34979

2. Principal Place of Business

88975 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9690
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Islamorada, FL

City & State

Tavernier, FL

4. FEI Number

59-2324836

Applied For

Not Applicable

Zip

33036

Country

US

Zip

33070

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, PATRICIA K
2810 S JENKINS RD.
FT PIERCE FL 34981

7. Name and Address of New Registered Agent

Name SHAW, PATRICIA K

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

210 Ocean Drive

City

Tavernier

FL

Zip Code

33070

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	<input type="checkbox"/> Delete
NAME	SHAW, PATRICIA K.	
STREET ADDRESS	2810 S JENKINS RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHAW, PATRICIA K.	
STREET ADDRESS	2810 SOUTH JENKINS ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, Patricia K.	
STREET ADDRESS	210 Ocean Drive	
CITY-ST-ZIP	Tavernier, FL 33070	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, Patricia K.	
STREET ADDRESS	210 Ocean Drive	
CITY-ST-ZIP	Tavernier, FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia K. Shaw Patricia K. Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

305-852-3348

Daytime Phone #

CR2E034 (10/00)