

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90100 014 \*\*\*158.75

**DOCUMENT # H20523**

1. Entity Name  
**JK&A INC.**

Principal Place of Business

**3101 PORT ROYALE BLVD  
 SUITE 437  
 FT LAUDERDALE FL 33308  
 US**

Mailing Address

**PO BOX 70096  
 FT LAUDERDALE FL 33307-0096  
 US**

2. Principal Place of Business

**4071 NE 15th TERR**

3. Mailing Address

**PO BOX 70096**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OAKLAND PARK, FL**

City & State

**FORT LAUDERDALE, FL**

4. FEI Number

**59-2452599**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KUHNEMUND, JOHN**

**3101 PORT ROYALE BLVD, SUITE 437  
 FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

**JAMES M. CLAY**

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

**4071 N.E. 15th TERR**

City

**OAKLAND PARK,**

**FL**

Zip Code

**33334**

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]*

(NOTE: Registered Agent Signature Required when reinstating)

**JAMES M. CLAY**

**03/05/2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTS KUHNEMUND, JOHN <del>3101 PORT ROYAL BLVD., SUITE 437</del> <del>FT LAUDERDALE FL 33308</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4071 NE 15th TERR OAKLAND PARK, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 empowers.

SIGNATURE: *[Signature]* **JOHN KUHNEMUND**

**03/05/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)