

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90097 045 ***150.00

DOCUMENT # K06346

1. Entity Name

JK HOLDING CORPORATION

Principal Place of Business

Mailing Address

1710 N HERCULES AVE
 SUITE 101
 CLEARWATER FL 33765
 US

PO BOX 6174
 CLEARWATER FL 33758-6174
 US

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2790 Sunset Point Road

3. Mailing Address

2790 Sunset Point Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL 33759

City & State

Clearwater FL 33759

4. FEI Number

59-2860018

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

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

HAUSER, MICHAEL L.
1710 N HERCULES
STE 101
TARPON SPRINGS FL 33765

Name **Robert L. Shear, P.A.**

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

2790 Sunset Point Road

City

Clearwater

FL

Zip Code **33759**

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 **Robert L. Shear**

3/14/2000

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, 2000 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 Delete
 NAME **D HAUSER, MICHAEL L.**
 STREET ADDRESS **1710 N HERCULES AVE, STE 101**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE Change Addition
 NAME
 STREET ADDRESS **2790 Sunset Point Road**
 CITY-ST-ZIP **Clearwater FL 33759**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: **Michael L. Hauser, Director** 3/8/2000 (727) 712-1228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)