

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38552

1. Entity Name

JDK INDUSTRIES, INC.

Principal Place of Business

6515 SOUTHERN BLVD.  
WEST PALM BEACH FL 33413

Mailing Address

6515 SOUTHERN BLVD.  
WEST PALM BEACH FL 33413-1753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name -

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

City

FL

Zip Code

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, 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	P	<input type="checkbox"/> Delete
NAME	KARON, MARC A.	
STREET ADDRESS	6515 SOUTHERN BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	V	<input type="checkbox"/> Delete
NAME	KARON, ADAM	
STREET ADDRESS	6515 SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCONNELL, MAC	
STREET ADDRESS	6515 SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMILTON, LOUIE	
STREET ADDRESS	6515 SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PRYZANT, PAUL	
STREET ADDRESS	6515 SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Marc A. Karon* **MARC A. KARON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

561-684-3332

Daytime Phone #

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90176 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0088732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E034 (9/99)