

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51288

1. Entity Name

C.K.B. ENTERPRISES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90145 036 ***150.00

Principal Place of Business

Mailing Address

115 WEST OLYMPIA AVENUE
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

115 WEST OLYMPIA AVENUE
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0130573

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HACKETT, JACK O.
115 WEST OLYPIA AVENUE
PUNTA GORDA FL 33951

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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DS	TITLE	
NAME	WOMBLE, D. B.	NAME	
STREET ADDRESS	2922 SE 28 ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DVP	TITLE	
NAME	CARO, EDWARD	NAME	DVP CARO, EDWARD
STREET ADDRESS	3089 STEFANI ROAD	STREET ADDRESS	250A HOUMA BLVD APT 104
CITY-ST-ZIP	CANTONMENT FL	CITY-ST-ZIP	METairie, LA 70001
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DPT	TITLE	
NAME	KINGMAN, THOMAS	NAME	DPT KINGMAN, THOMAS
STREET ADDRESS	SHIPYARD LN	STREET ADDRESS	P.O. BOX 942
CITY-ST-ZIP	POCASSET MA	CITY-ST-ZIP	POCASSET MA 02559
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)