

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51288

1. Entity Name
C.K.B. ENTERPRISES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90269 009 ***150.00

Principal Place of Business
115 WEST OLYMPIA AVENUE
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

Mailing Address
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

Zip

Country

Zip

Country

4. FEI Number **65-0130573**

Applied For

Not Applicable

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

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 applicable.

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WOMBLE, D. B.
2922 SE 28 ST
OKEECHOBEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CARO, EDWARD
3000 STEFANI ROAD
CANTONMENT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1887 SPRINGSTEEN RD APT 106
ROCK HILL, SC 29730 (106)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
KINGMAN, THOMAS
SHIPYARD LN
POCASSET MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
60 RED BROOK HARBOR ROAD
POCASSET MA 02569-0942

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *C.K.B. Enterprises* T.W. KINGMAN President 4/6/2001 5053644000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)