

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90032 002 \*\*\*150.00

0490623 AV

**DOCUMENT # K51288**

1. Entity Name

**C.K.B. ENTERPRISES, INC.**

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

**c/o Jack O. Hackett II**

3. Mailing Address

**c/o Jack O. Hackett II**

Suite, Apt. #, etc.

**Post Office Drawer 511447**

Suite, Apt. #, etc.

**Post Office Drawer 511447**

City & State

**Punta Gorda FL**

City & State

**Punta Gorda, FL**

Zip

**33951-1447**

Country

Zip

**33951-1447**

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

**HACKETT, JACK O.**

**115 WEST OLYPIA AVENUE  
PUNTA GORDA FL 33951**

7. Name and Address of New Registered Agent

Name

**Jack O. Hackett II**

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

**99 Nesbit Street**

City

**Punta Gorda**

**FL**

Zip Code

**33950**

8. The above named entity subscribes 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

*4/1/02*

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	<b>DS WOMBLE, D. B. 2922 SE 28 ST OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP CARO, EDWARD 1887 SPRINGSTEED ROAD APT 106 ROCK HILL SC 29730</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT KINGMAN, THOMAS 60 RED BROOK HARBOR ROAD POCASSET MA 02559-0942</b>	<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
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
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*THOMAS KINGMAN* **PRESIDENT** **3/5/2002** **508564 4001**

CR2E034 (9/01)