

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90086 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97571

1. Entity Name

J.K. ASSOCIATES, INC.

Principal Place of Business

1900 CORPORATE BLVD NW
 STE 300 E
 BOCA RATON FL 33431
 US

Mailing Address

PO BOX 585
 DEERFIELD BCHG FL 33443
 US

2. Principal Place of Business

1900 N.W. Corporate Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 201, East Bldg.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number

65-0132144

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

BOWMAN, DAVID S.
 ONE EAST BROWARD BLVD
 SUITE 1200
 FORT LAUDERDALE FL 33301

Name J. Daniel Brede

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

Suite 201, East Building

1900 N.W. Corporate Blvd.

City Boca Raton

FL

Zip Code 33431

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

2-15-02

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 ☐ Delete
 NAME **D FELSTEAD, PHILIP**
 STREET ADDRESS **1900 CORPORATE BLVD NW STE 300 E**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

Daytime Phone #

CR2E034 (9/01)