

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90243 005 ***150.00

DOCUMENT # L63419

1. Entity Name
LJK ENTERPRISES INC.



Principal Place of Business
5833 US 19
SUITE 4
NEW PORT RICHEY FL 34652

Mailing Address
5833 US 19
SUITE 4
NEW PORT RICHEY FL 34652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0543164
50-2000785

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

KING, LOUISE
233 MAPLE AVE
PALM HARBOR FL 34684

Name **TENNANT PHILIP IAN**

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

6701 SEMINOLE BLVD

City **SEMINOLE**

FL

Zip Code **33712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TENNANT PHILIP IAN**

[Signature]

4-29-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **KING, LOUISE**
STREET ADDRESS **233 MAPLE AVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PTD** ☒ Change ☐ Addition
NAME **TENNANT PHILIP IAN**
STREET ADDRESS **6701 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☒ Change ☐ Addition
NAME **TENNANT GILGEN**
STREET ADDRESS **6701 SEMINOLE BLVD**
CITY-ST-ZIP **SEMINOLE FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 29. 2003 722 687 1612

Date

Daytime Phone #

CR2E034 (10/02)