

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90439 047 \*\*\*150.00

DOCUMENT # L 85371

1. Entity Name

CKC Consultants, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

333 Nebraska Ave

3. Mailing Address

333 Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3008916

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Keltner, C. Eugene

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

333 Nebraska Ave

City

Longwood

FL

Zip Code

32750

**DO NOT WRITE  
IN THIS SPACE**

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

C. Eugene Keltner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President  
Keltner, C. Eugene  
333 Nebraska Ave  
Longwood FL 32750

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

UT  
CROWELL, LARRY  
1501 SEASONS PR. CT  
Apopka FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
CHRISTIE, Dale  
3765 Rambling Rose Ct  
Orlando FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
Bridges, Randolph  
1420 303 Avenue Way  
Longwood FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

S. DALE CHRISTIE S. Dale Christie

Date

5/10/02

Daytime Phone #

407-475-8028

CR2E034B (12/01)