

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90365 021 ***150.00

DOCUMENT # **L85371**

1. Entity Name
CKC CONSULTANTS, INC.



Principal Place of Business

%C EUGENE KELTNER
333 NEBRASKA AVE
LONGWOOD FL 32750

Mailing Address

%C EUGENE KELTNER
333 NEBRASKA AVE
LONGWOOD FL 32750

2. Principal Place of Business

1501 Seasons Pt Ct

3. Mailing Address

1501 Seasons Pt Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOKA FL

City & State

APOKA FL

Zip

32712

Country

Zip

32712

Country

4. FEI Number

59-3008916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KELTNER, C EUGENE
333 NEBRASKA AVE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **LARRY CROWELL**

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

1501 Seasons Pt Ct

APOKA

City **APOKA**

FL

Zip Code

32712

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

[Signature]

LARRY E. CROWELL

1/08/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KELTNER, C EUGENE	
STREET ADDRESS	333 NEBRASKA AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CROWELL, LARRY	
STREET ADDRESS	1501 SEASONS POINT CT.	
CITY-ST-ZIP	APOKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHRISTIE, DALE	
STREET ADDRESS	3765 RAMBLING ROSE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERRIDGE, RANDOLPH E	
STREET ADDRESS	1420 SUZANNE WAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELTNER, C. EUGENE	
STREET ADDRESS	22975 SE Black Nugget Rd. Apt 448	
CITY-ST-ZIP	ESSEQUIAH WA 98029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	APOKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 407-291-5090

CR2E034 (10/02)