

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0418112

DOCUMENT # L90394

1. Entity Name
GNIK PROPERTIES, INC.

03-08-2001 90065 011 ***150.00

Principal Place of Business
~~580 TREASURE RD.~~ ~~VENICE FL 34293~~ ~~US~~
 2608 Fiesta Dr. → Venice, Fl.

Mailing Address
~~580 TREASURE RD.~~ ~~VENICE FL 34293~~ ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0303896	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, J.L. 580 TREASURE RD. VENICE FL 34293				Name SAME	
				Street Address (P.O. Box Number is Not Acceptable) 2608 Fiesta Dr.	
				City Venice Fl. 34293	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST KING, J.L.	<input checked="" type="checkbox"/> Delete		TITLE	PST King, J.L.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	580 TREASURE RD.	Address Change only		NAME	2608 Fiesta Dr.		
STREET ADDRESS	VENICE FL 34293		TITLE				
CITY-ST-ZIP				STREET ADDRESS	Venice, Fl. 34293	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				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 all other like empowered.

SIGNATURE: *J.L. King* **JERRI L. King -** **3-5-01** **496-8860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)