

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90136 003 ***150.00

DOCUMENT # M54338

1. Entity Name
J.K. ELECTROLYSIS, INC.



Principal Place of Business
**1681 N. HIATUS ROAD
PEMBROKE PINES FL 33026**

Mailing Address
**10130 NW 24 CT
PEMBROKE PINES FL 33026**



2. Principal Place of Business

**10462 Taft Street
Suite, Apt. #, etc.
Pembroke Pines, Florida
City & State**

3. Mailing Address

**2000 NW 111th Ave
Suite, Apt. #, etc.**

**Pembroke Pines, FL
City & State**

4. FEI Number **59-2820656**

Applied For
Not Applicable

Zip
33026

Country
USA

Zip
33026

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KITCHEN, JUDY D.
1681 N. HIATUS ROAD
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name **JUDY D. KITCHEN**
Street Address (P.O. Box Number is Not Acceptable)
10462 Taft Street
City **Pembroke Pines** FL Zip Code **33026**

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, 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	PSD	<input type="checkbox"/> Delete
NAME	KITCHEN, JUDY D.	
STREET ADDRESS	10130 NW 24TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KITCHEN, DAVID	
STREET ADDRESS	10130 NW 24TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYNOLDS, SHERRY	
STREET ADDRESS	2000 NW 111TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03 954-704-1443

CR2F034 (10/02)