

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37779

1. Entity Name

FLORIDA TOKEN KAI, INC.

Principal Place of Business

C/O CARL M. HALL
17120 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708

Mailing Address

C/O CARL M. HALL
17120 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3018392

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

HALL, CARL M.
17120 GULF BOULEVARD
NORTH REDINGTON BEACH FL 33708

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HALL, CARL M.
STREET ADDRESS 17120 GULF BOULEVARD
CITY-ST-ZIP N.REDINGTON BEACH FL

TITLE ~~DELETE PRESIDENT~~ ☒ Change ☒ Addition
NAME ADD CHAIRMAN
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HOSTLER, KEITH
STREET ADDRESS 133 LAKE THOMAS DR.
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE TD ☐ Delete
NAME BAXLEY, TROY
STREET ADDRESS 807 SOUTH EDISON
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☐ Delete
NAME PLANTAMURA, WILLIAM
STREET ADDRESS 7476 132ND WAY NORTH
CITY-ST-ZIP SEMINOLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

04/27/01

727-392-2500



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)