

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004140**

1. Entity Name

HKPC, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90172 034 ****61.25

Principal Place of Business

Mailing Address

**9800 4TH STREET NORTH
SUITE 206
ST. PETERSBURG FL 33702****9800 4TH STREET NORTH
SUITE 206
ST. PETERSBURG FL 33702-2462****657380**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1573543

Applied For

Not Applicable

Zip

Country

Zip

Country

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****RUGG, ELIZABETH
9800 4TH STREET NORTH
SUITE 206
ST. PETERSBURG FL 33702**

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, CHARLES A**
STREET ADDRESS **7428 WATERSILK**
CITY-ST-ZIP **PINELLAS PARK FL 33782**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **HEILMAN, JOHN**
STREET ADDRESS **500 7TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **PLICHCINSKI, MARION**
STREET ADDRESS **301 4TH STREET SW**
CITY-ST-ZIP **LARGO FL 33779-2942**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **SIVER, ROBERT I**
STREET ADDRESS **801 8TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HAMERLINCK, JOHN**
STREET ADDRESS **8601 MEADOW BROOK DR**
CITY-ST-ZIP **LARGO FL 33777**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Elizabeth Rugg, Fiscal Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 727-217-7070