

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003211

1. Entity Name

B-OK INC.

Principal Place of Business

250 CORAL CREEK DRIVE  
CAPE HAZE FL 33946

Mailing Address

250 CORAL CREEK DRIVE  
CAPE HAZE FL 33946-2314

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

65-0935680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIMMEL, EDWARD  
250 CORAL CREEK DRIVE  
CAPE HAZE FL 33946

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

*April 20, 2000*  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME ~~LEONARD BOOS~~  
STREET ADDRESS ~~7 Coral Creek Dr~~  
CITY-ST-ZIP ~~CAPE HAZE, FL 33946~~

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS ROBERT OTTING  
CITY-ST-ZIP 22 Windward Terrace  
CAPE HAZE, FL 33946

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS Edward Kimmel  
CITY-ST-ZIP 250 Coral Creek Drive  
CAPE HAZE, FL 33946

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

TITLE ☐ Change ☐ Addition  
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:

*Edward Kimmel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 12, 2000 941 6975177*  
Date Daytime Phone #

00043300



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)