

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010066

1. Entity Name

S & K IMPORTS, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90007 049 \*\*\*150.00

0515145

Principal Place of Business

1620 S DOVER RD  
DOVER FL 33584

Mailing Address

1620 S DOVER RD  
DOVER FL 33584

2. Principal Place of Business

213 East Robertson St.  
Suite, Apt. #, etc.

3. Mailing Address

213 East Robertson St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

59-3625598

Applied For

Not Applicable

Zip

33511

Country

U.S.A.

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T  
7345 JACKSON SPRINGS RD  
TAMPA FL 33634

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

*Jon W Berry, Treasurer/Secretary*  
(NOTE: Registered Agent signature required when reinstating)

1/5/2001  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BERRY, SUPHAPORTN V |                                 |
| STREET ADDRESS | 1620 S DOVER RD     |                                 |
| CITY-ST-ZIP    | DOVER FL 33584      |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | VICKERS, KENNETH S  |                                 |
| STREET ADDRESS | 405 RUNNING HORSE   |                                 |
| CITY-ST-ZIP    | SEFFNER FL 33584    |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BERRY, JON W        |                                 |
| STREET ADDRESS | 1620 S DOVER RD     |                                 |
| CITY-ST-ZIP    | DOVER FL 33584      |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | VICKERS, DEBRA      |                                 |
| STREET ADDRESS | 405 RUNNING HORSE   |                                 |
| CITY-ST-ZIP    | SEFFNER FL 33584    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

12. 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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:

*Jon W Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2001 813 6433631  
Daytime Phone #

CP2E034 (10/00)