03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013740

1. Entity Name
JLK FOOD SERVICES Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3076 SE DOMINICA TERRACE	3076 SE DOMINICA TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART FL
Zip: 34997 Country: USA	Zip: 34997 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2405303 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES L KELSON

Street Address (P.O. Box Number is Not Acceptable): 3076 SE DOMINICA TERRACE

City: STUART FL Zip Code: 34997

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES JAMES L. KELSON 3076 SE DOMINICA TERRACE STUART FL 34997	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPRES RONALD SMITH 3076 SE DOMINICA TERRACE STUART FL 34997	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300032063150 09 06/09/03--01054--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC-TREAS ELIZABETH KELSON 3076 SE DOMINICA TERRACE STUART FL 34997	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with another line empowered.

SIGNATURE: _____ 6/10 5-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/10