

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031012

1. Entity Name  
J.K. ORCHIDS, INC.

Principal Place of Business

3890 COLEBS AVE  
BOYNTON BEACH FL 33436

Mailing Address

3890 COLEBS AVE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1024519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ERLE, JON H  
3890 COLEBS AVE  
BOYNTON BEACH FL 33436

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete

NAME  
JON ERLE  
STREET ADDRESS  
3890 COLEBS AVE  
CITY-ST-ZIP  
BOYNTON BCH FL 33436

TITLE ☐ Delete

NAME  
KATHERINE ERLE  
STREET ADDRESS  
3890 COLEBS AVE  
CITY-ST-ZIP  
BOYNTON BCH 33436

TITLE ☐ Delete

NAME  
KATHERINE ERLE  
STREET ADDRESS  
3890 COLEBS AVE  
CITY-ST-ZIP  
BOYNTON BCH FL 33436

TITLE ☐ Delete

NAME  
JON ERLE  
STREET ADDRESS  
3890 COLEBS AVE  
CITY-ST-ZIP  
BOYNTON BCH FL 33436

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 H. ERLE

PRESIDENT 7.23.00 561.736.8749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

0078157 AV

pg 1 of 2

FILED  
01 JUL 26 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

4/9/01 90060 001-150-08  
65-1024519

pg # 2012

7.23.61

Please waive the \$550.00 fee. I had paid the \$150 fee back in April but I failed to fill in the bottom, which I didn't realize that it had to be done.

When I called the Division of Corporations, they said they had sent out this notice which I did not receive. They also advised me to send you this note.

Sincerely & thank you  
Katherine Etk  
Secretary