

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90146 042 \*\*\*150.00

DOCUMENT # P00000046414

1. Entity Name  
C-K ENTERPRISE & PAVERS, INC.



Principal Place of Business  
1919 NORTH STATE ROAD  
SUITE 102  
MARGATE FL 33063

Mailing Address  
1919 NORTH STATE ROAD  
SUITE 102  
MARGATE FL 33063

2. Principal Place of Business  
1862 N.W. 21<sup>ST</sup>  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc. *Same*

City & State  
Pompano Beach FL

City & State

4. FEI Number 65-0711892

Applied For  
Not Applicable

Zip 33069 Country USA

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

DUKER & DUKER  
2832 UNIVERSITY DR.  
POMPANO BEACH FL 33065

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. 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEE, J.W.	
STREET ADDRESS	1919 NORTH STATE ROAD	
CITY-ST-ZIP	MARGATE FL 33069	
TITLE	STDK	<input type="checkbox"/> Delete
NAME	FLORENCE V KLEE	
STREET ADDRESS	1919 NORTH STATE ROAD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *J.W. Klee* **REQUIRED** 1-28-03 954-917-8556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)