

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048281

1. Entity Name

P.K. ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90029 017 ***150.00

Principal Place of Business

1969 SUMMER CLUB DR. #205
OVIDEO FL 32765

Mailing Address

1969 SUMMER CLUB DR. #205
OVIDEO FL 32765

2. Principal Place of Business

1096 MASON AVE.

3. Mailing Address

1096 MASON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH FL.

4. FEI Number

59-3645323

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

32117

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTER, TARSEM S
1969 SUMMER CLUB DR, #205
OVIDEO FL 32765

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 \$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	☒ Delete
NAME	PATTER, TARSEM S	
STREET ADDRESS	1969 SUMMER CLUB DR, #205	
CITY-ST-ZIP	OVIDEO FL 32765	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	PRESIDENT (DIRECTOR)	
STREET ADDRESS	PRAKASH-K. PATTAR	
CITY-ST-ZIP	116 WINNERS CIRCLE DR. #303 DAYTONA BEACH FL 32114	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)