

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000053403**1. Entity Name
D & K SYSTEMS CONSULTING, INCORPORATEDPrincipal Place of Business
3621 CYPRESS MEADOWS
TAMPA FL 33624
Mailing Address
3621 CYPRESS MEADOWS
TAMPA FL 336242. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667569
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HOLMES-JENKINS DANA
3621 CYPRESS MEADOWS
TAMPA FL 33624**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 _____ **03/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
V	JENKINS KEVIN L	3621 CYPRESS MEADOWS ROAD	TAMPA FL 33624		
P	HOLMES-JENKINS DANA	3621 CYPRESS MEADOWS	TAMPA FL 33624	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Dana Holmes-Jenkins

P

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)