

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90028 018 ***150.00

DOCUMENT # P00000067899

1. Entity Name

TGK PALADIN ENTERPRISES, INC.

Principal Place of Business

**28471 US 19 N.
509
CLEARWATER FL 33761**

Mailing Address

**28471 US 19 N.
509
CLEARWATER FL 33761**

2. Principal Place of Business

11189 Kapok Grand Circle
Suite, Apt. #, etc.

3. Mailing Address

11189 Kapok Grand Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Madeira Beach, FL

City & State

Madeira Beach, FL

4. FEI Number

62-1820956

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KERNS, TONY GLEN
28471 US. 19 N SUITE 509
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11189 Kapok Grand Circle

Madeira Beach

City **Madeira Beach**

FL

Zip Code **33708**

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 **Tony G. Kerns** **Tony G. Kerns** **1/11/02**
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, 2002 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	P	<input type="checkbox"/> Delete
NAME	GLENKERNS, TONY	
STREET ADDRESS	28471 US 9 N.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Kerns, Diane	
STREET ADDRESS	11189 Kapok Grand Circle	
CITY-ST-ZIP	Madeira Beach, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11189 Kapok Grand Circle	
STREET ADDRESS	Madeira Beach, FL	
CITY-ST-ZIP	33708	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tony G. Kerns** **Tony G. Kerns** **(727) 504-7369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)