

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90001 012 ***150.00

DOCUMENT # P00000081741

1. Entity Name
TKM DEVELOPMENT, INC.

Principal Place of Business 813 CHADSWORTH AVE SEFFNER FL 33584	Mailing Address 813 CHADSWORTH AVE SEFFNER FL 33584
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6979 Suite, Apt. #, etc.
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City & State Seffner, FL	4. FEI Number 59-3670350	Applied For Not Applicable
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Zip 33583-6979	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, JERRY B. 813 CHADSWORTH AVE SEFFNER FL 33584	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, JERRY		NAME	
STREET ADDRESS 813 CHADSWORTH AVE		STREET ADDRESS	
CITY-ST-ZIP SEFFNER FL 33584		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wil R. Taylor - V		NAME	
STREET ADDRESS 734 Stillview Cir.		STREET ADDRESS	
CITY-ST-ZIP Brandon, FL. 33510		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kurt Keith - V		NAME	
STREET ADDRESS 2045 W. Lake Hamilton Dr.		STREET ADDRESS	
CITY-ST-ZIP Winter Haven, FL. 33881		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S, T. Cynthia Dixon Taylor		NAME	
STREET ADDRESS 813 Chadsworth Ave.		STREET ADDRESS	
CITY-ST-ZIP Seffner, FL. 33584		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Cynthia D. Taylor** 4 9 01 (813)299-2762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)