

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081741

1. Entity Name
TKM DEVELOPMENT, INC.

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

04-13-2001 90001 012 ***150.00

Principal Place of Business

Mailing Address

813 CHADSWORTH AVE
SEFFNER FL 33584

813 CHADSWORTH AVE
SEFFNER FL 33584

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6979

Suite, Apt. #, etc.

City & State

City & State

Seffner, FL

Zip

Country

Zip

Country

33583-6979

USA

4. FEI Number

59-3670350

Applied For

Not Applicable

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

TAYLOR, JERRY B.
813 CHADSWORTH AVE
SEFFNER FL 33584

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D P
STREET ADDRESS TAYLOR, JERRY
CITY-ST-ZIP 813 CHADSWORTH AVE
SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Wil R. Taylor - V
STREET ADDRESS 734 Stillview Cir.
CITY-ST-ZIP Brandon, FL. 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Kurt Keith - V
STREET ADDRESS 2045 W. Lake Hamilton Dr.
CITY-ST-ZIP Winter Haven, FL. 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S.T.
STREET ADDRESS Cynthia Dixon Taylor
CITY-ST-ZIP 813 Chadsworth Ave.
Seffner, FL. 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

Cynthia D. Taylor

4-9-01

(813)299-2762

Date

Daytime Phone #

CR2E034 (10/00)