

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91501 038 ***150.00

DOCUMENT # P00000081741

1. Entity Name
TKM DEVELOPMENT, INC.

Principal Place of Business

813 CHADSWORTH AVE
SEFFNER FL 33584

Mailing Address

P O BOX 6979
SEFFNER FL 33583

2. Principal Place of Business

5651 Pine St.

3. Mailing Address

Suite, Apt. #, etc.

Suite B

City & State
Seffner, FL.

City & State

Zip
33584

Country
USA

Zip

Country

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

TAYLOR, JERRY
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

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, 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	D <input type="checkbox"/> Delete
NAME	TAYLOR, JERRY
STREET ADDRESS	813 CHADSWORTH AVE
CITY-ST-ZIP	SEFFNER FL 33584
TITLE	V <input type="checkbox"/> Delete
NAME	TAYLOR, WIL R
STREET ADDRESS	734 STILLVIEW CIR
CITY-ST-ZIP	BRANDON FL 33510
TITLE	V <input type="checkbox"/> Delete
NAME	KEITH, KURT
STREET ADDRESS	2045 W LAKE HAMILTON DR
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	ST <input type="checkbox"/> Delete
NAME	TAYLOR, CYNTHIA D
STREET ADDRESS	813 CHADSWORTH AVE
CITY-ST-ZIP	SEFFNER FL 33584
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 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	
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	
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:

SIGNATURE REQUIRED

Jerry B. Taylor

4-15-02 (813) 299-2761

Date

Daytime Phone #

CR2E034 (9/01)