

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91541 037 ***150.00

0506144 AV

DOCUMENT # P00000096886

1. Entity Name
D & K TECHNICAL, INC.

Principal Place of Business Mailing Address
11920 SOUTHWEST PARSON BROWN COURT **11920 SOUTHWEST PARSON BROWN COURT**
PALM CITY FL 34990 **PALM CITY FL 34990**

2. Principal Place of Business 3. Mailing Address
450 S. OLD DIXIE HWY **P.O. BOX 2579**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #10 **JUPITER**
 City & State City & State
JUPITER **FLORIDA**
 Zip Country Zip Country
33458 **PALM BEACH** **33468-2579** **PALM BEACH**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1047051** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CULVERHOUSE-CIAGLO, KATHERINE M
11920 S.W. PARSON BROWN CT.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
450 S. OLD DIXIE HWY Suite #10
 City, State, Zip
JUPITER, FLORIDA FL 33458

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 *Katherine*

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 **PD** ☐ Delete
 NAME **CIAGLO, DENNIS M**
 STREET ADDRESS **11920 SOUTHWEST PARSON BROWN COURT**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **STD** ☐ Delete
 NAME **CULVERHOUSE-CIAGLO, KATHERINE M**
 STREET ADDRESS **11920 SOUTHWEST PARSON BROWN COURT**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **450 S. OLD DIXIE HWY Suite #10**
 CITY-ST-ZIP **JUPITER, FLORIDA 33458**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **450 S. OLD DIXIE HWY Suite #10**
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 NAME
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 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 *Katherine M. Culverhouse*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

772 748-0843

Daytime Phone #

CR2E034 (9/01)