

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90082 048 ***150.00

DOCUMENT # P00000096886

1. Entity Name
D & K TECHNICAL, INC.



Principal Place of Business
**450 S. OLD DIXIE HWY
SUITE 10
JUPITER FL 33458**

Mailing Address
**PO BOX 2579
JUPITER FL 33468-2579**

80007352



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
763 ALT AIA

3. Mailing Address

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.

City & State
JUPITER, FLORIDA

City & State

4. FEI Number **65-1047051**

Applied For
Not Applicable

Zip **33477** Country **Palm Beach**

Zip

Country

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

**CULVERHOUSE-CIAGLO, KATHERINE M
450 S. OLD DIXIE HWY. SUITE 10
JUPITER FL 33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CIAGLO, DENNIS M**
CITY-ST-ZIP **450 S. OLD DIXIE HWY. SUITE 10
JUPITER FL 33458**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **CULVERHOUSE-CIAGLO, KATHERINE M**
CITY-ST-ZIP **450 S. OLD DIXIE HWY. SUITE 10
JUPITER FL 33458**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

Katherine Culverhouse

1/7/03 561-748-0843

CR2E034 (10/02)