

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90036 045 ***150.00

DOCUMENT # P00000100592

1. Entity Name

T K K AUTO SALES, INCORPORATED



Principal Place of Business
8056 103RD ST.
JACKSONVILLE FL 32210

Mailing Address
P.O. BOX 43226
JACKSONVILLE FL 32203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680657

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

WHITE, DARYL L
1591 LANE AVE. SOUTH
APT. 131W
JACKSONVILLE FL 32210

Name
WHITE, DARYL L
Street Address (P.O. Box Number is Not Acceptable)

1591 LANE AVE. SOUTH APT 127L
City JACKSONVILLE FL Zip Code 32210

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

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
NAME SD
STREET ADDRESS WHITE, YVONNE C
CITY-ST-ZIP 217 BUTLER ST.
LAKE CITY FL 32056 ☐ Delete

TITLE
NAME V/S/T
STREET ADDRESS WHITE, YVONNE C
CITY-ST-ZIP P.O. Box 1953
LAKE CITY, FL 32056 ☒ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS GRIER, CHARLIE M
CITY-ST-ZIP WILSCRAET RD.
JACKSONVILLE FL 32208 ☒ Delete

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

TITLE
NAME PD
STREET ADDRESS WHITE, DARYL L
CITY-ST-ZIP 1591 LANE AVE. S., APT. 131W
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME PD
STREET ADDRESS WHITE, DARYL L
CITY-ST-ZIP 1591 LANE AVE. S., APT 127L
JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 F changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (904) 742-5930

Date

Daytime Pt

CR2E034(10/02)