

# 2001 UNIFORM BUSINESS REPORT (JBR)

DOCUMENT # P00000107046

1. Entity Name

BILKO INTERNATIONAL, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90069 005 \*\*\*150.00

Principal Place of Business

1155 S W 5TH COURT  
BOCA RATON FL 33432

Mailing Address

1155 S W 5TH COURT  
BOCA RATON FL 33432

2. Principal Place of Business

1107 NE 4<sup>th</sup> Drive  
Suite, Apt. #, etc.

3. Mailing Address

1107 NE 4<sup>th</sup> Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-1059567

Applied For

Not Applicable

Zip

Country

33441

USA

Zip

Country

33441

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOBBELAER, PAMELA  
1155 S W 5TH COURT  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Dobbelaer, Pamela

Street Address (P.O. Box Number is Not Acceptable)

1107 NE 4<sup>th</sup> Drive

City

Deerfield Beach

FL

Zip Code

33441

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOBBELAER, PAMELA	
STREET ADDRESS	1155 S W 5TH COURT	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dobbelaer, Pamela	
STREET ADDRESS	1107 NE 4 <sup>th</sup> Dr.	
CITY-ST-ZIP	Deerfield Beach FL 33441	
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:

*PAMELA DOBBELAER* PAMELA DOBBELAER

4/16/01 954-428-6878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)