

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 035 ***150.00

DOCUMENT # P01000002983

1. Entity Name **CKG GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7928 STATE RD. 6 WEST

Suite, Apt. #, etc.

7928 STATE RD #6 WEST

City & State

JASPER FL

City & State

JASPER FL

Zip

32052-4301

Country

USA

Zip

32052-4301

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3690278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **AJAY GANDHI**

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

7928 STATE RD #6 WEST

City **JASPER**

FL

Zip Code **32052-4301**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTD
NAME	AJAY GANDHI
STREET ADDRESS	7928 STATE RD #6 WEST
CITY - ST - ZIP	JASPER, FL 32052-4301
TITLE	SVD
NAME	SULOCHNA GANDHI
STREET ADDRESS	7928 STATE RD #6 WEST
CITY - ST - ZIP	JASPER, FL 32052-4301
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: #

4/24/02 388-792-1255