

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10F3

DOCUMENT # P01000020642

1. Entity Name

Bar - K Enterprises, Inc.



FILED

03 JUL 14 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 Orange Court

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 562

Suite, Apt. #, etc.

City & State

Umatilla, FL

City & State

Umatilla, FL

Zip

32784

Country

Lake

Zip

32784

Country

Lake

4. FEI Number

59-3719317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard S. Bergholtz, P.A.

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

411 North Donnelly St., Ste. 207

City

Mount Dora

FL

Zip Code

32757

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President / Director
Keith Montgomery
120 Orange Court
Umatilla, FL 32784

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100016324121
04/10/03 01057-005 \$150.00

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP
100016324121
07/16/03 01024-015 \$150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.10.03

Date

Daytime Phone #

CR2E034B (12/02)

AFFIDAVIT OF KEITH MONTGOMERY

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared KEITH MONTGOMERY,
who, after being duly sworn, deposes and says:

1. My name is Keith Montgomery.
2. I am over the age of 18, suffer from no disability, and am competent to make this

Affidavit.

3. I have personal knowledge of the facts and statements contained herein.

4. On or about February 23, 2001, Articles of Incorporation were filed for the
corporation known as Bar-K Enterprises, Inc.

5. I hereby submit that I, Keith Montgomery, as President of Bar-K Enterprises, Inc. has
not received any prior statements or Notices to complete the Annual Report or pay the annual fee

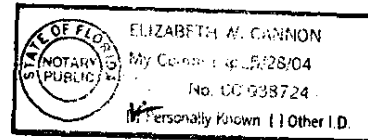
AFFIANT FURTHER SAYETH NAUGHT.

Keith Montgomery
Keith Montgomery, President

STATE OF FLORIDA
COUNTY OF LAKE

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003.

Elizabeth W. Cannon
Signature of Notary Public



Print, Type, or Stamp
Commissioned Name/Notary Public

Personally Known ☒ or Produced Identification ☐

Type of Identification Produced _____