

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90039 022 \*\*\*150.00

**DOCUMENT # P01000030570**

1. Entity Name  
**C & K REALTY OF JACKSONVILLE, INC.**

Principal Place of Business  
**3117 SPRING GLEN RD STE 402**  
**JACKSONVILLE FL 32207**

Mailing Address  
**3117 SPRING GLEN RD STE 402**  
**JACKSONVILLE FL 32207**

**429379**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3117 Spring Glen Rd**  
 Suite, Apt. #, etc. **406**

3. Mailing Address  
**3117 Spring Glen Rd**  
 Suite, Apt. #, etc. **406**

City & State  
**JACKSONVILLE, FL**  
 Zip **32207** Country **USA**

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 Zip **32207** Country **USA**

4. FEI Number **59-3707062** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAMUELS, CLIFTON**  
**10886 SADDLE HORN DR**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
 Name **Clifton Samuels**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1856 Commodore Point Dr.**  
 City **Orange Park** FL Zip Code **32003**

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 **Clifton Samuels** **Clifton Samuels** **4-25-02**  
 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAMUELS, CLIFTON</b>		NAME		
STREET ADDRESS	<b>10886 SADDLE HORN DR</b>		STREET ADDRESS	<b>1856 Commodore Point Dr.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP	<b>Orange Park, FL 32003</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Clifton Samuels** **Clifton Samuels** **4-25-02** **904-391-2200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)