

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90152 020 \*\*\*150.00

0004279 AV

**DOCUMENT # P01000043769**

**1. Entity Name**  
**T.K. HEMBREE CORPORATION**



**Principal Place of Business**  
**393 4TH ST.**  
**ATLANTIC BCH FL 32233**

**Mailing Address**  
**393 4TH ST.**  
**ATLANTIC BCH FL 32233**



**2. Principal Place of Business**  
**453 Bowles Street**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**453 Bowles Street**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Neptune Beach, FL**  
**Zip** **32266** **Country** **USA**

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**Neptune Beach, FL**  
**Zip** **32266** **Country** **USA**

**4. FEI Number** **59-3722992**  
☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**HEMBREE, TIMOTHY K**  
**393 4TH ST.**  
**ATLANTIC BCH FL 32233**

**7. Name and Address of New Registered Agent**  
**Name** **Timothy K Hembree**  
**Street Address (P.O. Box Number is Not Acceptable)** **453 Bowles Street**  
**City** **Neptune Beach** **FL** **Zip Code** **32266**

**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** *Tim Hembree*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7-24-3**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS HEMBREE, TIMOTHY K 393 4TH ST. ATLANTIC BCH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMBREE, TIMOTHY K 393 4TH ST. ATLANTIC BCH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS Hembree, Timothy K 453 Bowles Street Neptune Beach, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hembree, Timothy K 453 Bowles Street Neptune Beach, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Tim Hembree*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-24-3**  
Date Daytime Phone #

CR2E034 (4/03)