

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90059 006 ***150.00

DOCUMENT # P01000050318

1. Entity Name

R & K IVERY ENTERPRISES, INC

Principal Place of Business

**2650-3 EAST ARAGON BLVD.
 SUNRISE FL 33313**

Mailing Address

**2650-3 EAST ARAGON BLVD.
 SUNRISE FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1105397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**WILLIAMS, KATIE IVERY
 2650-3 EAST ARAGON BLVD.
 SUNRISE FL 33313**

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, 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

TITLE	President <input type="checkbox"/> Delete
NAME	Katie Ivery Williams
STREET ADDRESS	2650-3 E. Aragon Blvd.
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Rosie Ivery Pettygrave
STREET ADDRESS	7806 Daltonway Pl.
CITY-ST-ZIP	Indianapolis, IN 46260
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Katie Ivery Williams
STREET ADDRESS	2650-3 E. Aragon Blvd.
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	Katie Ivery Williams
STREET ADDRESS	2650-3 E. Aragon Blvd.
CITY-ST-ZIP	Sunrise, FL 33313
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	<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:

Katie Ivery Williams

March 1, 02 **954**
748-3487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katie Ivery Williams

CR2034 (9/01)