

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

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90025 026 \*\*\*150.00

DOCUMENT # PO1000079227

1. Entity Name

C. K. CONSULTING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO BOX 3174

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FL

City & State

4. FEI Number

59-3738154

Applied For

Not Applicable

Zip  
32004

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHRISTIAAN H. KOTZE

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

608 MILLERS DAM COURT

City PONTE VEDRA BEACH

FL

Zip Code  
32082

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

CHRISTIAAN H. KOTZE (D/P/T)  
PO BOX 3174  
PONTE VEDRA BEACH, FL 32004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DINA E. KOTZE (D/S)  
PO BOX 3174  
PONTE VEDRA BEACH, FL 32004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 duties like empowered.

SIGNATURE:

DINA E. KOTZE  
DIRECTOR

08/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment #



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

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PO1000079227

August 20, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report  
C. K. Consulting, Inc. (59-3738154)

Dear Sir/Madam,

Please see the enclosed Uniform Business Report for our client listed above. We are requesting that you accept her application and payment of \$150.00 for the year 2002 to become current.

C. K. Consulting, Inc. is a new corporation and did not receive their original UBR issued by your office. The officers of the corporation were not aware of the filing requirement. Upon our annual review of their account along with your web site, it was determined that the form had not been filed.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jaclyn M. Kitonis', written over a horizontal line.

Jaclyn M. Kitonis

Enclosure: Uniform Business Report  
Check #1674