

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90076 045 ***150.00

DOCUMENT # P01000098522

1. Entity Name
PK MOTORS, INC.

Principal Place of Business
8164 SEVEN MILE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
8164 SEVEN MILE DRIVE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
283 SAN MARCO AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
283 SAN MARCO AVENUE
 Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL.

City & State
ST. AUGUSTINE, FL.

4. FEI Number
59-3747550

Applied For
 Not Applicable

Zip Country
32084 U.S.A.

Zip Country
32084 U.S.A.

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

6. Name and Address of Current Registered Agent

BERRY, MICHAEL L JR.
FOUR SAWGRASS VILLAGE SUITE 230
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	C
STREET ADDRESS	BRYAN C. PARKER
CITY-ST-ZIP	283 SAN MARCO AVENUE ST. AUGUSTINE, FL. 32084
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	ELTON S. WETTELAND
CITY-ST-ZIP	283 SAN MARCO AVENUE ST. AUGUSTINE, FL. 32084
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S
STREET ADDRESS	KATHERINE KIMBROUGH PARKER
CITY-ST-ZIP	283 SAN MARCO AVENUE ST. AUGUSTINE, FL. 32084
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	JAMES H. KIMBROUGH JR.
CITY-ST-ZIP	283 SAN MARCO AVENUE ST. AUGUSTINE, FL. 32084
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:  **ELTON S. WETTELAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18th, 2002 904-824-9181
Date Daytime Phone #

CR2E034 (9/01)