

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90561 009 \*\*\*150.00

**DOCUMENT # P01000120920**  
 1. Entity Name  
**TK INTERNATIONAL CORPORATION**

Principal Place of Business      Mailing Address  
~~165 PATTY ANN BLVD.~~      165 PATTY ANN BLVD.  
~~PALM HARBOR FL 34683~~      ~~PALM HARBOR FL 34683~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**601 CLEVELAND ST.**      **601 CLEVELAND ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 340**      **SUITE 340**  
 City & State      City & State  
**CLEARWATER, FLORIDA**      **CLEARWATER, FLORIDA**  
 Zip      Country      Zip      Country  
**33755**      **USA**      **33755**      **USA**

4. FEI Number      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent  
**KELLY, TIMOTHY S**  
~~165 PATTY ANN BLVD.~~  
~~PALM HARBOR FL 34683~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 CLEVELAND ST.**  
**SUITE 340**  
 City      State      Zip Code  
**CLEARWATER**      **FL**      **33755**

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 **TIMOTHY S. KELLY**      **4-30-02**  
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.   
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, TIMOTHY S</b>	
STREET ADDRESS	<b>165 PATTY ANN BLVD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
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 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: **TIMOTHY S. KELLY**      **4-30-02 (727) 466-6394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

MAILED AT

CR2E034 (9/01)