

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91051 044 ***150.00

DOCUMENT # P01000121984

1. Entity Name
CK & JS, INC.



Principal Place of Business
**12953 FARMINGTON TRAIL
SEMINOLE FL 33776**

Mailing Address
**12953 FARMINGTON TRAIL
SEMINOLE FL 33776**

30051357



2. Principal Place of Business

1501 LAKE AVE SE
Suite, Apt. #, etc.

3. Mailing Address

1501 LAKE AVE SE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Largo FL

City & State

Largo FL

4. FEI Number **50-0020094**

Applied For
☐ Not Applicable

Zip
33776

Country
Pinnellas

Zip
33776

Country
Pinnellas

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

6. Name and Address of Current Registered Agent

**STEHLIN, CINDY D
12953 FARMINGTON TRAIL
SEMINOLE FL 33776**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cindy Stehlin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PST** ☐ Delete
NAME **STEHLIN, CINDY D**
STREET ADDRESS **12953 FARMINGTON TRAIL**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CINDY STEHLIN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1501 LAKE AVE SE**
CITY-ST-ZIP **Largo FL 33776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Cindy Stehlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03

Date

Daytime Phone #

CR2E034 (10/02)