

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90127 010 ***150.00

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DOCUMENT # **P02000020591**

1. Entity Name
C & K AUTOMOTIVE, INC.



Principal Place of Business
**1347 JAMAICA ROAD EAST
JACKSONVILLE FL 32216**

Mailing Address
**1347 JAMAICA ROAD EAST
JACKSONVILLE FL 32216**

2. Principal Place of Business
10329 ATLANTIC Blvd

3. Mailing Address
10329 ATLANTIC Blvd.

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32225

Zip
32225

Country

4. FEI Number
36-4489206

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~PARLIMENT, CHARLES III~~
~~1347 JAMAICA ROAD EAST~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name
Melissa J. Howell

Street Address (P.O. Box Numbers Not Acceptable)
362 STAFFORDSHIRE DR E

Melissa J. Howell
Jacksonville FL 32225

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PARLIMENT, CHARLES III 1347 JAMAICA ROAD EAST JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Freddie S. Daniels 199 E Owl Creek rd ST. AUG. FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. John A. Daniels 14080 TonTine rd. JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. / Tres. Melissa J. Howell 362 STAFFORDSHIRE DR E JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Freddie Daniels 14080 TonTine rd. JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Kevin-Merritt 10329 ATLANTIC Blvd. JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 entries.

SIGNATURE: *Freddie S. Daniels* **4-11-03** **904-509-5979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)