

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91361 029 ***158.75

DOCUMENT # P02000021077

1. Entity Name
CK BOOKKEEPING SERVICES, INC.



Principal Place of Business
1207 SWEETBRIAR RD.
ORLANDO FL 32806

Mailing Address
1207 SWEETBRIAR RD.
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

P.O. BOX 568601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

33-0996502

Applied For

Not Applicable

Zip

Country

Zip

Country

32856-8601 USA

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSWALD, KENNETH F ESQ
600 COURTLAND ST., STE. 110
ORLANDO FL 32804

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** **☐ Delete**
NAME **JENKINS, CHRISTINE M.**
STREET ADDRESS **14545 PORTER RD.**
CITY-ST-ZIP **WINER GARDEN FL 34787**

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

TITLE **D** **☐ Delete**
NAME **MURRAY, KATHERINE L**
STREET ADDRESS **1207 SWEETBRIAR RD.**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **☐ Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **☐ Change ☐ Addition**
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CITY-ST-ZIP

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:

Katherine L. Murray Vice President 4/24/03 407468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

93216

CR2E034 (10/02)