

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90056 041 ***150.00

DOCUMENT # P02000027639

1. Entity Name
F & K MARKETING, INC.



Principal Place of Business
2211 NE 44TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
2211 NE 44TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3032891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, SUZANNE ESQ.
1515 UNIVERSITY DRIVE
SUITE 203A
CORAL SPRINGS FL 33071

Name **FRANCES WALKER**

Street Address (P.O. Box Number is Not Acceptable)

2211 NE 44 ST.

City **Lighthouse Pt., FL.**

FL

Zip Code **33064**

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 *Frances Walker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *3/10/03*

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 **PSD** ☐ Delete
NAME **WALKER, FRANCES**
STREET ADDRESS **2211 NE 44TH STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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 *Frances Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

Daytime Phone #

CR2E034 (10/02)