

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90057 025 \*\*\*150.00

**DOCUMENT #** P02000027874

**1. Entity Name**  
HKH PROPERTIES, INC.



**Principal Place of Business**  
7300 BEACH BLVD SUITE 3  
JACKSONVILLE FL 32216

**Mailing Address**  
7300 BEACH BLVD SUITE 3  
JACKSONVILLE FL 32216

**2. Principal Place of Business**  
3601 CARDINAL POINT DRIVE  
Suite, Apt. #, etc.

**3. Mailing Address**  
3601 CARDINAL POINT DRIVE  
Suite, Apt. #, etc.

**City & State**  
JACKSONVILLE FL

**City & State**  
JACKSONVILLE FL

**4. FEI Number**  
01-0641203

**Applied For**  
Not Applicable

**Zip** 32257 **Country** USA

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

HOUPT, FRANK W JR  
7300 BEACH BLVD SUITE 3  
JACKSONVILLE FL 32216

**7. Name and Address of New Registered Agent**

**Name**

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

3601 CARDINAL POINT DRIVE

**City** JACKSONVILLE

**FL**

**Zip Code** 32257

**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**

**TITLE** D ☐ Delete  
**NAME** KING, LEWIS P  
**STREET ADDRESS** 7300 BEACH BLVD SUITE 3  
**CITY-ST-ZIP** JACKSONVILLE FL 32216

**TITLE** D ☐ Delete  
**NAME** HOUPT, FRANK W JR  
**STREET ADDRESS** 7300 BEACH BLVD SUITE 3  
**CITY-ST-ZIP** JACKSONVILLE FL 32216

**TITLE** D ☐ Delete  
**NAME** HUSTON, JAMES E JR  
**STREET ADDRESS** 7300 BEACH BLVD SUITE 3  
**CITY-ST-ZIP** JACKSONVILLE FL 32216

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

**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** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 3601 CARDINAL POINT DRIVE  
**CITY-ST-ZIP** JACKSONVILLE FL 32257

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 3601 CARDINAL POINT DRIVE  
**CITY-ST-ZIP** JACKSONVILLE FL 32257

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 3601 CARDINAL POINT DRIVE  
**CITY-ST-ZIP** JACKSONVILLE, FL 32257

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Signature of Lewis P. King*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-15-2003 904 256.0052

**Date**

**Daytime Phone #**

CR2E034 (10/02)