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

## P02000047841 DOCUMENT #

1. Entity Name H.N.K., INC.



**FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90151 033 \*\*\*150.00

DEASARO, MARK P AME DEASARO, MARK P P.O. BOX 76186 ST. PETERSBURG FL 33734-6186  ITLE  OGIBSON, GARY T P.O. BOX 76186 STREET ADDRESS ITY-ST-ZIP  ST. PETERSBURG FL 33734-6186  ITLE  OGIBSON, GARY T P.O. BOX 76186 STREET ADDRESS ITY-ST-ZIP  ITLE  NAME STREET ADDRESS ITY-ST-ZIP  TITLE  OBelete  TITLE  NAME STREET ADDRESS ST. PETERSBURG FL 33734-6186  TITLE  OBELET  OBELET  TITLE  NAME STREET ADDRESS	·						
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Guite, Apt.	P.O. BOX 7618	6	P.O. BOX 76186	34.6186			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  SNDEN, WATSON R ESQ.  SINDEN, WATSON R ESQ.  SINDEN, WATSON R ESQ.  SINDEN, WATSON R ESQ.  Site et Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name	J. 727211000	110 72 00107 0100	ott revenosona re oot	O T 0 1 00	]   1801/884   31   181/8   180/1   180/1   180/1   180/1   180/1   180/1   180/1   180/1   180/1   180/1   180/1		
City & State  Country  Country  Country  S. Certificate of Status Desired  S. 75 Additional Fee Required  Fee Required  Fee Required  Name  Name  Name  Sinder, WATSON R ESQ.  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL NoWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2	2. Principal Pl	lace of Business	3. Mailing Address				
Name and Address of Current Registered Agent   Sk. 75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
SINDEN, WATSON R ESQ.  SINDEN, WATSON R ESQ.  SINDEN, WATSON R ESQ.  SIT PETERSBURG FL 33701-3714  City  City  FL Zip Code  Title above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Alake Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  TITLE  MAKE  DEASARO, MARK P  SITE ADDRESS  TITLE  O. BOX 76186  SIT. PETERSBURG FL 33734-6186  TITLE  NAME  GIBSON, GARY T  MAKE  DEASARO, GARY T  MAKE  DEAS DEAS DEAS DEAS DEAS DEAS DEAS DEAS	City & State	• · · · · · · · · · · · · · · · · · · ·	City & State	<del> </del>	!		
SINDEN, WATSON R ESQ. 501 FIRST AVE. NORTH, STE. 404  ST. PETERSBURG FL 33701-3714  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Address (P.O. Box Number is Not Acceptable)  Delta FL  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
SINDEN, WATSON R ESQ.  501 FIRST AVE. NORTH, STE. 404  ST. PETERSBURG FL 33701-3714  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  And a familiar with, and accept the obligations of registered agent.  City  FL  Disputation of registered agent.  City  FL  Disputation of registered agent.  (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  O. OFFICERS AND DIRECTORS  TITLE  DEASARO, MARK P  P.O. BOX 76186  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  TITLE  DISPUTATION  Detele  Diffice Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FLE Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  (NOTE Registered Agent signature required when reinstating)  DATE  \$5.00 May Be Added to Fees  Added to Fees  Added to Fees  Added to Fees  FLE ADDRESS  GITY-ST-ZIP  TITLE  DEASARO, MARK P  P.O. BOX 76186  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  TITLE  Detele  TITLE  Dete	1	6. Name and Address of Current	Registered Agent	-	7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Lifts above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hybrid or printed name of registered agent and stife if applicable.  [NOTE: Registered Agent signature required when reinstation]  PLE  NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  0. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DEASARO, MARK P  P. 0. BOX 76186  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-51-2P  TITLE  Delete  NAME  GIBSON, GARY T  P. 0. BOX 76186  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-51-2P  TITLE  NAME  GIBSON, GARY T  P. 0. BOX 76186  STREET ADDRESS  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-51-2P  TITLE  NAME  STREET ADDRESS			•	Name			
City FL Zip Code  L'Tife above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or printed name of registered agent and total applicable. (NOTE: Registered Agent signature required when reinstating)   DATE				Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
I. Tife above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE		•		•	, 40,000		
is Title above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Sign	<			City	<b>□</b> Zip Code		
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)  After May 1, 2003 Fee will be \$550.00  In OFFICERS AND DIRECTORS  In DEASARO, MARK P  DEASARO, MARK P  P.O. BOX 76186  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  ST. PETERSBURG FL 33734-6186  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  GIBSON, GARY T  P.O. BOX 76186  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  Change Addition  NAME  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  Change Addition  NAME  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  Change Addition  Addition  AME  NAME  STREET ADDRESS  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  Change Addition  AME  NAME  STREET ADDRESS	9 Tila abaya	named antity submits this statement for	or the purpose of chancing its	registered office as			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIIE  DEASARO, MARK P P.O. BOX 76186  ST. PETERSBURG FL 33734-6186  IT/LE  AME  GIBSON, GARY T TREET ADDRESS  IT/S1-ZIP  TILE  AME  AME  AME  AME  AME  AME  AME  A			or the purpose of changing its	registered diffice of r	registered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIIE  DEASARO, MARK P P.O. BOX 76186  ST. PETERSBURG FL 33734-6186  IT/LE  AME  GIBSON, GARY T TREET ADDRESS  IT/S1-ZIP  TILE  AME  AME  AME  AME  AME  AME  AME  A	OLONIATURE				·		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  0. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D DEASARO, MARK P  TREET ADDRESS  FITY-ST-ZIP  TILE  D GIBSON, GARY T  REET ADDRESS  FITHER	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	ure required when reinstating) DATE		
DEASARO, MARK P P.O. BOX 76186 ST. PETERSBURG FL 33734-6186  ITILE  AME GIBSON, GARY T P.O. BOX 76186 STREET ADDRESS ITY-ST-ZIP  ST. PETERSBURG FL 33734-6186  ITILE  AME GREET ADDRESS ITY-ST-ZIP  TILE  NAME TREET ADDRESS ITY-ST-ZIP  TILE  NAME STREET ADDRESS ITY-ST-ZIP  TILE  NAME STREET ADDRESS ITY-ST-ZIP  TILE  NAME STREET ADDRESS ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  TILE NAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	After	May 1, 2003 Fee will be \$550.00					
AME AME TREET ADDRESS AME TREET ADDRESS TY-ST-ZIP  D GIBSON, GARY T P.O. BOX 76186 STREET ADDRESS TREET ADDRESS	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TREET ADDRESS ST. PETERSBURG FL 33734-6186  STREET ADDRESS CITY-ST-ZIP  TITLE  AME TREET ADDRESS ST. PETERSBURG FL 33734-6186  GIBSON, GARY T P.O. BOX 76186  STREET ADDRESS CITY-ST-ZIP  TREET ADDRESS ST. PETERSBURG FL 33734-6186  TITLE THEE THEE THEE THEE THEE THEE THEE T			☐ Delete	TITLE	_		
TITY-ST-ZIP  ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  Delete TITLE GIBSON, GARY T P.O. BOX 76186 ST. PETERSBURG FL 33734-6186  CITY-ST-ZIP  TITLE NAME TREET ADDRESS					<b>-∞</b> .		
TITLE .  GIBSON, GARY T P.O. BOX 76186 ST. PETERSBURG FL 33734-6186  TITLE AME TREET ADDRESS	L		<b>;</b>				
AME GIBSON, GARY T P.O. BOX 76186 ST. PETERSBURG FL 33734-6186 CITY-ST-ZIP  TITLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS					☐ Change ☐ Addition		
TREET ADDRESS ST. PETERSBURG FL 33734-6186 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS STREET ADDRES		GIBSON, GARY T	□ Delete		G thungs G Astron		
TILE Delete TITLE Change Addition  AME TREET ADDRESS STREET ADDRESS	TREET ADDRESS	P.O. BOX 76186		STREET ADDRESS			
AME TREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	ST. PETERSBURG FL 33734-6186	3	CITY-ST-ZIP			
TREET ADDRESS STREET ADDRESS	TITLE		☐ Delete		☐ Change ☐ Addition		
	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			

12. Thereby 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.

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WOUNGD

☐ Delete

☐ Delete

☐ Delete

Daytime Phone #

Change

☐ Change

Change

Addition

☐ Addition

Addition