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

## DOCUMENT #

P02000049281

1. Entity Name

JKL ENTERPRISES, INC.



## FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90148 014 \*\*\*150.00

1207 CREIGH PENSACOLA		Mailing Address 1207 CREIGHTON ROAD PENSACOLA FL 32504  3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FFI Number	4. FFI Number Applied For	
Zip	Country	Zip	Country	75-3053831  5. Certificate of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Re	<u>-</u>	eu
		<u> </u>	Name		<u> </u>	
CHENEY, KIMBERLY ANN 1207 CREIGHTON ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32504					4-	
	•		City		FL Zip Co	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or both, in the State of Flor	ida. I am familiar with	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature	required when reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D CHENEY, KIMBERLY ANN 1207 CREIGHTON ROAD PENSACOLA FL 32504	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ವಿಧ್ಯ ಗುಂಬು ಎ ಹಾಧಿಕಾ ಕರ್ನ ಅ <sub>ವಿ</sub>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/03

850475-8532

Davtime Phone #