

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

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 038 ***150.00

DOCUMENT # P06000042331	
1. Entity Name	
T P K Y INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12951 METRO PKWY		3. Mailing Address 8368 BAHAMAS ROAD	
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33966	Country	Zip 33912	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3774099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name POZZI, TINA	
	Street Address (P.O. Box Number is Not Acceptable) 8368 BAHAMAS ROAD	
	City FORT MYERS	FL Zip Code 33912

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP POZZI, TINA 8368 BAHAMAS ROAD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T YARRIS, KENNETH 8368 BAHAMAS ROAD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tina Pozzi

TINA POZZI, PRESIDENT

1/22/2007

(239) 561-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #