

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90402 030 ***150.00

DOCUMENT # P93000022443

1. Entity Name
BKTK, INC.

Principal Place of Business

**595 N. BROADWAY AVE
 BARTOW FL 33830
 US**

Mailing Address

**1000 US 27 N
 HAINES CITY FL 33844
 US**

2. Principal Place of Business

**3843 W. LAKE HAMILTON DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**3843 W. LAKE HAMILTON DR.
 Suite, Apt. #, etc.**

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEI Number

59-3171567

Applied For

Not Applicable

Zip
33881-8223

Country
USA

Zip
33881-8223

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 -Fee Required

6. Name and Address of Current Registered Agent

**MATHEWS, EDWARD D
 1000 US 27 NORTH
 HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name **MATHEWS, EDWARD D.**

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

3843 W. LAKE HAMILTON DR.

City **WINTER HAVEN**

FL

Zip Code
33881-8223

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.

SIGNATURE *Edward D. Mathews* **EDWARD D. MATHEWS**

4/11/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DF** ☐ Delete
 NAME **MATHEWS, CHARLES A**
 STREET ADDRESS **1000 US 27 NORTH**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **PS** ☒ Delete
 NAME **CONGDON, KENNETH A**
 STREET ADDRESS **595 N. BROADWAY AVE**
 CITY-ST-ZIP **BARTOW FL**

TITLE **D** ☐ Delete
 NAME **MATHEWS, EDWARD D**
 STREET ADDRESS **1000 US 27 NORTH**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE **VD** ☐ Delete
 NAME **VAN DEN BOOM, CARRIE M**
 STREET ADDRESS **216 INVERNESS WAY NE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3843 W. LAKE HAMILTON DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881-8223**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3843 W. LAKE HAMILTON DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881-8223**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carrie Van Den Boom* **CARRIE M. VAN DEN BOOM** 4-11-02 (863)294-9336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)