

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90168 050 \*\*\*150.00

**DOCUMENT # P93000032217**

1. Entity Name  
**A & K ENTERPRISE OF JACKSONVILLE, INC.**

Principal Place of Business Mailing Address  
 BLANDING BLVD 10 BLANDING BLVD  
 STE A STE A  
 PARK FL 32073 ORANGE PARK FL 32073-2202  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3178170** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 AKITAKA, YAMAMOTO  
 7542 GINGER TEA TRAIL WEST  
 JACKSONVILLE FL 32244  
 Name AKITAKA, YAMAMOTO  
 Street Address (P.O. Box Number is Not Acceptable) 460 SUMMIT DR  
 City ORANGE PARK FL Zip Code 32073

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 *Akita Yamamoto* **AKITAKA YAMAMOTO** 2-21-2000  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFER, AKIKO		NAME	FIFER, AKIKO	
STREET ADDRESS	7542 GINGER TEA TRAIL WEST		STREET ADDRESS	460 SUMMIT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244		CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAMOTO, AKITAKA		NAME	YAMAMOTO, AKITAKA	
STREET ADDRESS	7542 GINGER TEA TRAIL WEST		STREET ADDRESS	460 SUMMIT DR	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAMOTO, KEIKO		NAME	YAMAMOTO, KEIKO	
STREET ADDRESS	7542 GINGER TEA TRAIL WEST		STREET ADDRESS	460 SUMMIT DR	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Akita Yamamoto* **AKITAKA YAMAMOTO** 2-21-2000 904-272-5447  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)