727-527-1816

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

## Apr 11, 2002 8:00 am Secretary of State P93000086273 DOCUMENT # 1. Entity Name 04-11-2002 90708 011 \*\*\*150.00 J & K NOVELTY, INC. Principal Place of Business Mailing Address 6581-43ST N 6581 - 43RD ST N **SUITE 1510 SLITE 1510** PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3213178 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent :--Name RENAUD, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 6581 43RD ST N #1510 PINELLA PARK FL 83781 City Zip Code ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition E034 (9/01 TITLE TITLE LAURENCE, KATHLEEN D NAME NAME STREET ADDRESS 6581 43 ST N #1510 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete TITLE ☐ Change ☐ Addition TITLE **PCTD** NAME RENAUD, RICHARD M NAME STREET ADDRESS STREET ADDRESS 6581 43 ST N #1510 CITY-ST-ZIP CITY-ST-ZIF PINELLAS PARK FL 33781 Delete -TITLE. \_\_\_Change \_\_\_ Addition\_ TITLE NAME NAME RENAUD, JUDY STREET ADDRESS STREET ADDRESS 6581 43 ST N #1510 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Addition ☐ Change ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 empoweled 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.