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

## P94000018569 DOCUMENT #

1. Entity Name



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90293 024 \*\*\*150.00

A-OK EN	NTERPRISES UNLIMITED, IN	IC.							
Principal Place of Business 421 NORTH SPRING GARDEN ROAD DELAND FL 32720		Mailing Address P.O. BOX 3511 DELAND FL 32723 US					<b>[]</b>    <b>  14 4</b>      14 <b> </b>		<u> </u>
2. Principal	Place of Business	3. Mailing Address			M				i 01118 1811 1581
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State				4. FEI Number 59-3242890	Applied For		
Zip Country		Zip	Zip Coun			5. Certificate of Status Desired	□ \$8	3.75 Add	ot Applicable ditional
	6. Name and Address of Current	Registered Agent				7:-Name and Address of New Re		e Require	id
		<del></del>	· <del></del>	Name			g.o.o.o.o.o.o.		
	HN THOMAS			Street Address (P.O. Box Number is Not Acceptable)					
	MOKA WOODS PARKWAY		•	ļ	· · · · · ·				<u>-</u> .
DELEUN	SPRINGS FL 32130								
				City			FL	Zip Cod	е
8. The above	e named entity submits this statement for	or the purpose of cha	nging its registere	ed office or	registered	agent, or both, in the State of Flori	da. I am fam	illar with,	and accept
ine obliga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	d Accest signatur	ro van dan dada				
	ILE NOW!!! FEE IS \$150.00		(NOTE: Negation	- Agent signatur		en reinstating)	DATE		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	ļ	••		:	9. Election Campaign Fina Trust Fund Contribution.		<b>\$5:0</b> Added	<b>0</b> May Be I to Fees
10.	5 OFFICERS AND	DIRECTORS	11.			L ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS	 3 IN 11
TITLE	P P P P P P P P P P P P P P P P P P P	Def	ete TITLE					Change	☐ Addition
NAME STREET ADDRESS	VICK, BILLY B. -1351 LAKEVIEW DR.		NAME	- 1					
CITY-ST-ZIP	DELAND FL			et address •ST-Zip		·			
TITLE	VTS	☐ Dele			PVT.	ς	127	Change	☐ Addition
NAME	VICK, JOHN T.		NAME				~	Ottaligo	
STREET ADDRESS CITY-ST-ZIP	2320 TOMOKA WOODS PKWY DE LEON SPRINGS FL 32130			ET ADDRESS					
TITLE	DE LEON SPRINGS PL 32130			ST-ZIP	-W			<u> </u>	
NAME		· Laid · D'ell	ete , TITLE NAME			Marin San Jan San San San San San San San San San S	. ⊔	Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE NAME		☐ Dele						Change	☐ Addition
STREET ADDRESS			NAME STREE	T ADDRESS					İ
CITY-ST-ZIP				ST-ZIP					
TITLE	<u> </u>	☐ Dele	ete TITLE	$\neg \dashv$		. Web		Change	Addition
NAME			NAME				_	,	
STREET ADDRESS CITY-ST-ZIP	·		STREE	T ADDRESS					
TITLE		Dele				<u> </u>		Change	Mada:
NAME		L Dele	NAME					Change	☐ Addition
STREET ADDRESS	<u> </u>		•	T ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	Ab-Y- PP	CITY-S	ST-ZIP					
rz. Thereby C	atiw bailaan aniamatin subside ati	TRUE SURPLY MODES AND AND	inlifty for the avenue		al in Oa asia.	- 440 07/00/00 ED 11 Oc. 1			

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

SIGNATURE:

EQUIRED

Date