

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002584

1. Entity Name

PKSR, CORP.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90108 050 ***150.00

Principal Place of Business

Mailing Address

4620 JEFFERSON STREET
HOLLYWOOD FL 33021

4620 JEFFERSON STREET
HOLLYWOOD FL 33021-7622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0660147

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, PETER D
4620 JEFFERSON STREET
HOLLYWOOD FL 33021

Name
ROBINSON-SQUILLA, STEPHANIE A.

Street Address (P.O. Box Number is Not Acceptable)
5101 MADISON STREET

City
HOLLYWOOD

FL

Zip Code
33021

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 STEPHANIE A. ROBINSON-SQUILLA, TREASURER

Stephanie Robinson

3/8/00

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 D
NAME ROBINSON, STEPHANIE A
STREET ADDRESS 5101 MADISON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE TD
NAME ROBINSON-SQUILLA, STEPHANIE A.
STREET ADDRESS 5101 MADISON STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

TITLE D
NAME ROBINSON, KEVIN J
STREET ADDRESS 506 SOUTH RAINBOW DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE PD
NAME ROBINSON, PETER D
STREET ADDRESS 4620 JEFFERSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE PD
NAME ROBINSON, PETER D.
STREET ADDRESS 4030 KULAMANU STREET
CITY-ST-ZIP HONOLULU, HI 96816 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: STEPHANIE A. ROBINSON-SQUILLA, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/00

954-893-7705

CR2E034 (9/99)