

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90076 027 ***150.00

DOCUMENT # P95000015366

1. Entity Name

SKK, INC.

Principal Place of Business

532 PARK COURT
 DESTIN FL 32541

Mailing Address

532 PARK COURT
 DESTIN FL 32541

2. Principal Place of Business

330 Summit Dr.

Suite, Apt. #, etc.

3. Mailing Address

330 Summit Dr.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin FL

4. FEI Number

59-3303486

Applied For

Not Applicable

Zip

32541-2330

Country

OKALDOOSA

Zip

32541-2330

Country

OKALDOOSA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, KENNETH L

532 PARK COURT 330 Summit Dr.
 DESTIN FL 32541-2330

7. Name and Address of New Registered Agent

Name

~~Holman, Kenneth L.~~

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

~~330 Summit Dr.~~

City

~~Destin~~

~~FL~~

Zip Code

~~32541-2330~~

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

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, 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 ☐ Delete
 NAME P
 STREET ADDRESS HOLMAN, KENNETH L
 CITY-ST-ZIP 532 PARK COURT 330 Summit Dr.
 DESTIN FL 32541

TITLE ☐ Delete
 NAME V
 STREET ADDRESS HOLMAN, LINDA S
 CITY-ST-ZIP % 532 PARK COURT % 330 Summit Dr.
 DESTIN FL 32541

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS HOLMAN, KIMBERLY K
 CITY-ST-ZIP % 532 PARK COURT % 330 Summit Dr.
 DESTIN FL 32541

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Linda S. Holman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

CR2E034 (9/01)