

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90400 005 ***150.00

0525193 AV

DOCUMENT # P95000020556

1. Entity Name
H. & K. PROPERTIES, INC.



Principal Place of Business
**128 HIGHVIEW AVE
LEHIGH ACRES FL 33936**

Mailing Address
**128 HIGHVIEW AVE
LEHIGH ACRES FL 33936**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1814627**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, GAIL C
128 HIGHVIEW AVE
LEHIGH ACRES FL 33936**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gail C. Reynolds*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **ALLEN, KATHRYN**
STREET ADDRESS **128 HIGHVIEW AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE **P** ☐ Delete
NAME **ALLEN, ANTHONY H**
STREET ADDRESS **1169 MILLCREEK**
CITY-ST-ZIP **FLINT MI**

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

TITLE **VP** ☒ Delete
NAME **ALLEN GERALD**
STREET ADDRESS **106 SNAP DRAGON**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Rodney D. ALLEN**
STREET ADDRESS **534 EAST AVE UP**
CITY-ST-ZIP **Elyria, OH 44035**

TITLE **T** ☐ Delete
NAME **YOUNG, DONNA**
STREET ADDRESS **13866 QUARRY RD.**
CITY-ST-ZIP **OBERLIN OH 44074**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn Allen* **KATHRYN ALLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 (239) 369 1701
Date Daytime Phone #

CR2E034 (10/02)