

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092993

1. Entity Name
A-O-K REALTY, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90081 015 ***150.00

Principal Place of Business
5260 W. IRLO BRONSON HWY
SUITE 118-120
KISSIMMEE FL 34746

Mailing Address
5260 W. IRLO BRONSON HWY
SUITE 118-120
KISSIMMEE FL 34746

2. Principal Place of Business
Suite, Apt. #, etc.
A-4
City & State
KISSIMMEE
Zip
34747
Country
OSCEOLA

3. Mailing Address
2901 PARKWAY BLVD A4
Suite, Apt. #, etc.
A-4
City & State
KISSIMMEE FL 34747
Zip
FL 34747
Country
OSCEOLA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347068 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BYRD, GINA CPA
BYRD & GANTT, CPA, PA
3355 W. VINE STREET, STE. 102
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURMAN, TERENCE		NAME		
STREET ADDRESS	3028 PARKWAY BLVD. APT. 101		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34727		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, CARL		NAME		
STREET ADDRESS	1119 BLACKWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: TERENCE F. DURMAN 4/23/01 407-390-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)