

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006098

1. Entity Name
KOSKI KLOCK COMPANY, INC.

Principal Place of Business

1114 FLORIDA AVE
STE D
PALM HARBOR FL 34683

Mailing Address

1114 FLORIDA AVE
STE D
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3357001

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

KOSKI, W. DENNIS
29703 67TH STREET NORTH
CLEARWATER FL 33761

Name

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

2890 Swan Circle

City

Dunedin

FL

Zip Code

34698

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 W. Dennis Koski
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

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
NAME	KOSKI, W. DENNIS	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOSKI, PEGGY	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOSKI, RYAN M.	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOSKI, JARRETT W.	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2890 Swan Circle	
CITY-ST-ZIP	Dunedin, Florida 34698	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2890 Swan Circle	
CITY-ST-ZIP	Dunedin, Florida 34698	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2890 Swan Circle	
CITY-ST-ZIP	Dunedin, Florida 34698	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2890 Swan Circle	
CITY-ST-ZIP	Dunedin, Florida 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: W. Dennis Koski W. Dennis Koski 1-3-01 727-785-6697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90065 038 ***150.00

718303



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)