

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90021 037 ***150.00

DOCUMENT #

1. Entity Name

DNK. Enterprise Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6947 Houlton Circle

Suite, Apt. #, etc.
N/A

City & State
LAKE WORTH, FL

Zip
33467

Country
USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0645454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Laura P. Scotti

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*PRES.
KAREN P. SCOTTI
6947 Houlton Circle
LAKE WORTH, FL 33467*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*TREASURER & Sec.
DANIEL M. SCOTTI
6947 Houlton Circle
LAKE WORTH, FL 33467*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*VICE PRES
KEVEN G. SCOTTI
1440 SPALDING AVE #6
WEST HOLLYWOOD, CA 90046*

TITLE
NAME
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura P. Scotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

561 968-2617

Daytime Phone #

CR2E034B (12/02)