

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 90172 001 \*\*\*600.00

| <b>DOCUMENT # P96000037037</b>   |   |  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
|--|---|--|---|----------------------------|--|---|--|--|---|--|---|--|--|--|---|--|---|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|
| 1. Entity Name<br><b>C &amp; K HOLDINGS, INC.</b>  |   |  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Principal Place of Business<br><b>1122 S. CONGRESS AVE.<br/>W.P. BEACH FL 33406</b>  |   | Mailing Address<br><b>1122 S. CONGRESS AVE.<br/>W.P. BEACH FL 33406</b>  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 2. Principal Place of Business<br><b>RT 2 Box 205</b>  |   | 3. Mailing Address<br><b>PO Box 1126</b>   |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| City & State<br><b>Mayo Fl.</b>  |   | City & State<br><b>Mayo FL</b>   |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Zip<br><b>32066</b>  | Country<br><b>USA</b>   | Zip<br><b>32066</b>  | Country<br><b>USA</b>   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>JOYNER, CHRISTOPHER<br/>3570 LIBBY COURT<br/>W PALM BCH FL 33406</b>   |   | 7. Name and Address of New Registered Agent<br>Name <b>Kelli A. Joyner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>RT. 2 Box 205</b><br>City <b>Mayo</b> <b>FL</b> Zip Code <b>32066</b> |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 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.<br>SIGNATURE <b>Kelli A. Joyner, President</b> DATE <b>4/30/01</b><br><small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>   |   |  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br><small>(See criteria on back)</small>  |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>VPT<br/>JOYNER, CHRISTOPHER<br/>3570 LIBBY CT<br/>W.P. BEACH FL 33406 <input checked="" type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>PS<br/>JOYNER, KELLI A<br/>3570 LIBBY CT.<br/>W.P. BEACH FL 33406 <input type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>T<br/>JOYNER, KELLI A<br/>3570 LIBBY CT.<br/>W.P. BEACH FL 33406 <input type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> |   |  |   | 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>JOYNER, CHRISTOPHER<br>3570 LIBBY CT<br>W.P. BEACH FL 33406 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>JOYNER, KELLI A<br>3570 LIBBY CT.<br>W.P. BEACH FL 33406 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JOYNER, KELLI A<br>3570 LIBBY CT.<br>W.P. BEACH FL 33406 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <b>Kelli A. Joyner Pres.</b>  |   | <b>4/30/01</b><br><small>Date Daytime Phone #</small>  |   |                            |  |   |  |  |   |  |   |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)