

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100209

1. Entity Name

TBK, INC.

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90042 016 ***150.00

Principal Place of Business

Mailing Address

8525 MALLORY ROAD
JACKSONVILLE FL 32220

8003 WESTSIDE INDUSTRIAL DR
JACKSONVILLE FL 32219-3238

2. Principal Place of Business

3. Mailing Address

8003 WESTSIDE INDUSTRIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3416185

Applied For

Not Applicable

Zip

32219

Country

USA

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

RAX CO.

% MAHONEY ADAMS & CRISER, P.A.

50 N. LAURA ST., 3300 BARNETT CENTER
JACKSONVILLE FL 32202

Name RAX CO.

C/O MCGUIRE, WOODS, BATTLE & BORTHE

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

50 NORTH LAURA STREET, SUITE 3300

BARNETT CENTER

City JACKSONVILLE

FL

Zip Code 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete
NAME CORBERA, BERNARDO
STREET ADDRESS 8525 MALLORY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☒ Change ☐ Addition
NAME CORBERA, BERNARDO
STREET ADDRESS 8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32219-3238

TITLE D ☐ Delete
NAME CARBONELL, ANTONIO L
STREET ADDRESS 8525 MALLORY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☒ Change ☐ Addition
NAME CARBONELL, ANTONIO L.
STREET ADDRESS 8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32219-3238

TITLE D ☐ Delete
NAME VILA, JOAN P
STREET ADDRESS CARRER DELS AMETLERS NO. 6, 08213 POLINYA
CITY-ST-ZIP BARCELONA, SPAIN

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1001703000