

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0174245 AV

DOCUMENT # P97000013063

1. Entity Name
KONCEPTUAL KARAKTERS, INC.



05-01-2003 90817 013 ***150.00

Principal Place of Business
**31701 S.W. 194 AVENUE
HOMESTEAD FL 33030**

Mailing Address
**31701 S.W. 194 AVENUE
HOMESTEAD FL 33030**



2. Principal Place of Business

2045 S.E. St. Lucia Blvd

3. Mailing Address

2045 S.E. St. Lucia Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

STUART FL.

City & State

STUART, FL.

4. FEI Number

65-0725597

Applied For

Not Applicable

Zip

Country

34996

U.S.

Zip

Country

34996

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAKE, TIMOTHY C
CONCORD BUILDING, SUITE 608
66 WEST FLAGLER STREET
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MILLER, JACK W**
STREET ADDRESS **27601 SW 187TH AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **VP** ☐ Delete
NAME **SHOLK, JEFFREY C**
STREET ADDRESS **966 PASSIFLORA AVE.**
CITY-ST-ZIP **LEUCADIA FL 92024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Miller, Jack**
STREET ADDRESS **2045 S.E. St. Lucia Blvd.**
CITY-ST-ZIP **STUART, FL. 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.03

Date

Daytime Phone #

772-26-2524

CR2E034 (10/02)