

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90100 048 ***150.00

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DOCUMENT # P97000034856	
1. Entity Name JKC PROPERTIES, INC.	

Principal Place of Business 11801 NW-7TH ST PLANTATION FL 33325	Mailing Address 11801 NW 7TH ST PLANTATION FL 33325
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0747071		☐ Applied For	☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COTRONE, KATHY 11804 NW 7TH ST PLANTATION FL 33325

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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	COTRONE, KATHY
STREET ADDRESS	11801 NW 7TH ST
CITY-ST-ZIP	PLANTATION FL 33325
TITLE	☐ Delete
NAME	COTRONE, JOE
STREET ADDRESS	11801 NW 7TH ST
CITY-ST-ZIP	PLANTATION FL 33325
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Kathleen Cotrone **4/9/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)