

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029338

1. Entity Name

T.L.K. INVESTMENTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 018 ***150.00

Principal Place of Business

Mailing Address

320 PINEY RIDGE ROAD
 CASSELBERRY FL 32707

320 PINEY RIDGE ROAD
 CASSELBERRY FL 32707-3806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3500775

Applied For

Not Applicable

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

HARRISON, CHARLES R
 1400 W. FAIRBANKS AVENUE
 SUITE 204
 WINTER PARK FL 32789

Name

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

1413 Trovillion Avenue

City

Winter Park

FL

Zip Code

32789

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

Charles R. Harrison

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

(NOTE: Registered Agent signature required when reinstating)

2/25/2000

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	STD	<input checked="" type="checkbox"/> Delete
NAME	CARLEY, DOUGLAS L	
STREET ADDRESS	846 HADDENSTONE CIRCLE #102	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	P	<input type="checkbox"/> Delete
NAME	TIMMONS, HARRY M	
STREET ADDRESS	320 PINE RIDGE ROAD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, P, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timmons, Harry M.	
STREET ADDRESS	320 Piney Ridge Road	
CITY-ST-ZIP	Casselberry, FL 32707-3806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2000

Date

Daytime Phone #

CR2E034 (9/99)