

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037504

1. Entity Name
AKL ENTERPRISES, INC.

Principal Place of Business

314 E HANNA AVE
TAMPA FL 33604

Mailing Address

314 E HANNA AVE
TAMPA FL 33604

2. Principal Place of Business

Same ↑

3. Mailing Address

Same ↑

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3504371

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

MITCHELL, WILLIAM R
314 E HANNA AVE
TAMPA FL 33604

Name WENDE S. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)
314 EAST HANNA AVE

City TAMPA

FL

Zip Code 33604

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

Wende S. Mitchell

WENDE S. MITCHELL JD

4/23/01

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, 2001 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 PD
NAME MITCHELL, WILLIAM R ☒ Delete
STREET ADDRESS 314 E HANNA AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE PD WENDE S. MITCHELL ☒ Change ☐ Addition
NAME
STREET ADDRESS 314 E HANNA AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE VD
NAME MITCHELL, WENDE S ☐ Delete
STREET ADDRESS 314 E HANNA AVE
CITY-ST-ZIP TAMPA FL 33604

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Wende S. Mitchell

WENDE S. MITCHELL

4/23/01

813-239-0307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)