

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 044 ***150.00

DOCUMENT # P98000049637

1. Entity Name

3 TIMES K, INC.

Principal Place of Business

**484 BELL BRANCH LANE
JACKSONVILLE FL 32259
US**

Mailing Address

**484 BELL BRANCH LANE
JACKSONVILLE FL 32259
US**

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

59-3513997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POUCHNER, ALLEN L
320 EAST ADAMS STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Kenneth E. Cook

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

484 Bell Branch Lane

City

Fruit Cove

FL

Zip Code

32259

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 **Kenneth E. Cook**

K E Cook

2-23-02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, KENNETH E	
STREET ADDRESS	236 HONEYSUCKLE WAY *	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOK, CATHLEEN C	
STREET ADDRESS	484 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARMODY, CHRISTOPHER M	
STREET ADDRESS	484 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32082	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	484 Bell Branch Lane	
CITY-ST-ZIP	Fruit Cove, FL 32259	
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		
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:

K E Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02 (904) 287-3589

Date

Daytime Phone #

CR2E034 (9/01)