

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90139 048 ***150.00

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1. Entity Name
T K D DISTRIBUTION CO.

Principal Place of Business
**24807 SR 54
LUTZ FL 33549**

Mailing Address
**10014 CYPRESS SHADOW AVE
TAMPA FL 33647**



2. Principal Place of Business
10014 Cypress Shadow Ave.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa Florida

City & State

4. FEI Number **59-3519427**

Applied For
Not Applicable

Zip Country
33647 Hillsborough

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAHLKE, TROY
10014 CYPRESS SHADOW AVE.
TAMPA FL 33647**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 ☐ Delete
NAME **V DAHLKE, CAROL**
STREET ADDRESS **10014 CYPRESS SHADOW AVENUE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME **P DAHLKE, TROY**
STREET ADDRESS **10014 CYPRESS SHADOW AVENUE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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 of Troy Dahlke) **1/31/03** **813-907-1756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)