

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000090466

1. Entity Name
WFK, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90076 014 ***150.00

635137



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1604 BATCHLOR CT
DUNEDIN FL 34698

Mailing Address

1604 BATCHLOR CT
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

P.O. BOX 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUNEDIN FL

Zip

Country

Zip

Country

34698

4. FEI Number 59-3539575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KASTRUP, WILLIAM F
1533 FOXCROFT DRIVE WEST
PALM HARBOR FL 34683

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KASTRUP, WILLIAM F.
1604 BATCHLOR CT.
DUNEDIN, FL 34698

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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: *William F. Kastrup* PSTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 5, 2001 727-733-1198
Daytime Phone #

CR2E034 (10/00)