

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104343

1. Entity Name

LKD COMPANY

Principal Place of Business

6517 N.W. 39TH TERRACE
BOCA RATON FL 33496

Mailing Address

6517 N.W. 39TH TERRACE
BOCA RATON FL 33496-4052

2. Principal Place of Business

7778 Oak Grove Circle

Suite, Apt. #, etc.

3. Mailing Address

7778 Oak Grove Circle

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

4. FEI Number

65-0884664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAFFY, ELLEN
6517 N.W. 39TH TERRACE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Ken Andrews

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

7778 Oak Grove Circle

City

Lake Worth

FL

Zip Code

33467

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAFFY, ELLEN	
STREET ADDRESS	6517 N.W. 39TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	P, D	<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
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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	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Andrews	
STREET ADDRESS	7778 Oak Grove Circle	
CITY-ST-ZIP	Lake Worth, FL 33467	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90270 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)