

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002444

1. Entity Name

C.K.M. ENTERPRISES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90032 004 ***158.75

Principal Place of Business

Mailing Address

6410 29TH AVENUE WEST
BRADENTON FL 34209

6410 29TH AVENUE WEST
BRADENTON FL 34209-7407

2. Principal Place of Business

6410 29th Ave. West.

3. Mailing Address

P.O. Box 15245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL.

City & State

Bradenton, FL.

4. FEJ Number

65-0893417

☒ Applied For

☐ Not Applicable

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

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

WOJCULEWSKI, STEPHEN E
6410 29TH AVENUE WEST
BRADENTON FL 34209

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WOJCULEWSKI, STEPHEN E
STREET ADDRESS 6410 29TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RAINES, KIM
STREET ADDRESS 512 SPRING AVENUE BOX 561
CITY-ST-ZIP ANNA MARIA FL 34217

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

Stephen E. Wojculewski Stephen E. Wojculewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (941) 794-1457

CR2E034 (9/99)