

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004944

1. Entity Name  
TK EMPIRE, INC.

FILED

03 FEB -6 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02-03

Principal Place of Business  
C/O TK EMPIRE, INC.  
767 STATE ROAD 7, SUITE 7  
MARGATE FL 33068

Mailing Address  
C/O TK EMPIRE, INC.  
767 STATE ROAD 7, SUITE 7  
MARGATE FL 33068

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

4. FEL Number 65-0890162

Applied For  
Not Applicable

Zip Country

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

ROMAN, TAD  
767 SOUTH STAE ROAD 7  
MARGATE FL 33068

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 Tad Roman (PRESIDENT)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/10/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ROMAN, TAD	767 SOUTH STATE ROAD 7, SUITE 7	MARGATE FL 33068

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

CR2E034 (4/02)

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: Tad Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02 (954)979-8800