FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90375 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010443

1. Entity Name

J.E.K. ENTERPRISES INC.

Principal Place of Business	Mailing Address
1781 BINNEY DR FT. PIERCE, FL 34949	1781 BINNEY DR FT. PIERCE, FL 34949

00055908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	312 W. FIRST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 612
City & State	City & State SANFORD, FL
Zip / Country	Zip 32771 / Country

4. FEI Number 59-3563283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

J. MICHAEL HARTMAN
312 W. FIRST STREET
SUITE 612
SANFORD, FL 32771

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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	JAMES E KLEINSCHMIDT 600 S. OCEAN DR FT. PIERCE, FL 34949 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES E KLEINSCHMIDT 1781 BINNEY DR FT. PIERCE, FL 34949 ☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: James E Kleinschmidt 5-13-01 P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #