

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016907

1. Entity Name

BK ENTERPRISES OF FLORIDA, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90095 043 ***150.00

Principal Place of Business

5393 APPLEDORE LANE
TALLAHASSEE FL 32308

Mailing Address

5393 APPLEDORE LANE
TALLAHASSEE FL 32308-7009

2. Principal Place of Business

3714 Swallow Tail Trace
Suite, Apt. #, etc.

3. Mailing Address

3714 Swallow Tail Trace
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3557825

Applied For

Not Applicable

Zip

32308

Country

Zip

32308

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

PANIUCKI, KEITH
5393 APPLEDORE LANE
TALLAHASSEE FL 32308

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.

Keith Paniucki

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
CEO
Keith Paniucki
3714 Swallow Tail Trace
Tallahassee FL 32308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
President
Blake Miles
8625 Pisa Dr Apt # 1111
Orlando FL 32810

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 this report, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Keith Paniucki

Date

Daytime Phone #

3/13/00

850 668-5281

CR2E034 (9/99)