

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019471

1. Entity Name

CKM ASSOCIATES, INC.

Principal Place of Business

11927 DIRBYSHIRE DR.
TAMPA FL 33626

Mailing Address

11927 DIRBYSHIRE DR.
TAMPA FL 33626-2646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3577222

Applied For

Not Applicable

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

MILLS, GLOBIA J
4133B HENDERSON BLVD.
TAMPA FL 33629

Name

Carolyn McChord

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

11927 Derbyshire Dr.

City

Tampa

FL

Zip Code

33626

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Carolyn McChord

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	D	<input type="checkbox"/> Delete
NAME	MCCHORD, C.P.	
STREET ADDRESS	11927 DIRBYSHIRE DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCHORD, CAROLYN A	
STREET ADDRESS	11927 DIRBYSHIRE DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CP McChord	
STREET ADDRESS	11927 Derbyshire Dr.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	P.T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN A. McChord	
STREET ADDRESS	11927 Derbyshire Dr.	
CITY-ST-ZIP	TAMPA FL 33626	
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

Carolyn McChord

Date

Daytime Phone #

513-818-9809

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE