

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052351

1. Entity Name

VKM PROPERTIES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
2022 HENDRICKS AVE3. Mailing Address
2022 HENDRICKS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLCity & State
JACKSONVILLE, FLZip
32207

Country

Zip
32207

Country

4. FEI Number
59-3582049Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALEN, SHERRIE
2022 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

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

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Delete
D/V -
WILLIAM M. MASON III
SAME AS ABOVETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
D/C
RAYMOND K. MASON
SAME AS ABOVETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
D/P
LESTER HUFFINGHAM
SAME AS ABOVETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
400000332244
-07/19/00-01051-014
*****61.25 *****61.25TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
D/T
MARCY M. MOODY
SAME AS ABOVETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
S
SHERRIE SALEN
SAME AS ABOVETITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 JUN 23 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E034 (9/99)

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