2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053512

1. Entity Name

SHK ENTERPRISES INCORPORATED

Principal Place of Business	Mailing Address
8 SHADY LANE MARY ESTHER FL 32569	8 SHADY LANE MARY ESTHER FL 32569-1943

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 33 Robinwood Dr	**3.** Mailing Address 33 Robinwood Dr	**4.** FEI Number 59-3582110	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Ft Walton Beach, FL	City & State Ft Walton Beach, FL	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 32548 / Country USA	Zip 32548 / Country USA		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HICKMAN, J A 220 GOVERNMENT ST STE 1 NICEVILLE FL 32578	Name **Carolyn Hall** Street Address (P.O. Box Number is Not Acceptable) **505 Mooney Road** City **Ft Walton Beach, FL** **FL** Zip Code **32547**

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 *Carolyn Hall*

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

Carolyn Hall   04/28/00
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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P/VP/T/S/D NAME Son Im Burns STREET ADDRESS 210 Pelham Rd , Apt# C-103 CITY-ST-ZIP Ft Walton Beach, FL 32548	☐ 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
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CR2E034 (9/99)

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: *Son Im Burns*   Pres   01/25/00   850-664-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #