

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063195

1. Entity Name

CK ENTERPRISES OF PENSACOLA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90048 038 \*\*\*150.00

Principal Place of Business

Mailing Address

11 SUGARBERRY ROAD  
PENSACOLA FL 32504

11 SUGARBERRY ROAD  
PENSACOLA FL 32514-8115

2. Principal Place of Business

9005 N. Davis Hwy

3. Mailing Address

P.O. Box 10747

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3587646

Applied For

Not Applicable

Zip

32514

Country

USA

Zip

32571

Country

USA

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

ORTNER, LUCIE J  
11 SUGARBERRY ROAD  
PENSACOLA FL 32504

Name

Lucie J Ortner

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

4392 Copperhead DR.

City

Pace

FL

Zip Code

32571

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

Lucie J Ortner pres. Lucie J. Ortner pres

4/28/00

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 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 President, Treasurer  
NAME Lucie J Ortner  
STREET ADDRESS 4392 Copperhead DR.  
CITY-ST-ZIP Pace FL 32571 ☐ Delete

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

TITLE VP, Secretary  
NAME Thomas M Ortner  
STREET ADDRESS 4392 Copperhead DR.  
CITY-ST-ZIP Pace FL 32571 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

4/28/00 (850) 479-3002

Date

Daytime Phone #

CR2E034 (9/99)