

2000 UNIFORM BUSINESS REPORT (UBR)

3/28/00-90055-040-\$150.00-\$150.00

DOCUMENT # P99000078033

1. Entity Name

TUKO ENTERPRISES, CORP.

FILED

00 OCT -5 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA
630261

Principal Place of Business 879-B MIRAMAR ST. CAPE CORAL FL 33904	Mailing Address 879-B MIRAMAR ST. CAPE CORAL FL 33904-9046
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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REINSTATEMENT

4. FEI Number
65-0761979

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DESBAILLETS, ANETTE
879-B MIRAMAR ST.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name: TUMM, JENS
Street Address (P.O. Box Number is Not Acceptable): 5215 TAMiami CT
City: CAPE CORAL FL Zip Code: 33904

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]* DATE: 10-02-00
03-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ 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	D TUMM, JENS 879-B MIRAMAR ST. CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMM, JENS 3724 DEL PRADO BLVD CAPE CORAL, FL, 33904 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACIC, MARTIN W 879-B MIRAMAR ST. CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACIC, MARTIN W. 3724 DEL PRADO BLVD CAPE CORAL, FL, 33904 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003427949-8 -10/18/00--01002--014 ***600.00 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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]* DATE: 03-27-00 DAYTIME PHONE: 941 540 0010

10-02-00