2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084344 May 31, 2000 8:00 am Secretary of State 1. Entity Name J&K ENTERPRISE GROUP, INC. 05-31-2000 90017 033 ***158.75 Principal Place of Business Mailing Address 1205 SE 5TH TERR. 1205 SE 5TH TERR. CAPE CORAL FL 33990-2620 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address 3101 310 I DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMONNA TOSEPH CARADONNA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1205 SE 5TH TERR. CAPE CORAL FL 33990 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 FILE'NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE CARADONNA, JOSEPH NAME NAME STREET ADDRESS 1205 SE 5TH TERR. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE CARADONNA, ANNA MARIE NAME NAME 1205 SE 5TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a required by Chapter 607, Forida Statutes; and that my name appears in Block 11 or Block 12 if