## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P99000084344 1. Entity Name J&K ENTERPRISE GROUP, INC. 04-28-2001 90026 019 \*\*\*150 00 Principal Place of Business Mailing Address 1240 YARDLY DR. 1240 YARDLY DR. WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0950383 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required =-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRADONNA JOSEP# CARADONNA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3101 34 AVENUE NORTH SAINT PETERSBURG FL 33713 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 PILESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition DPT TITLE $\mathfrak{DPT}$ TITLE ☐ Delete CARADONNA JOSEPH NAME NAME CARADONNA, JOSEPH 1240 YAR DLY STREET ADDRESS STREET ADDRESS 3101 34 AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Addition ☐ Delete TITLE NAME CARADONNA, ANNA MARIE NAME ARADONNA ANNA MARIX 1240 YARDLY DRIVE WESLEY CHAPEL, FL STREET ADDRESS 3101 34 AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

Tech Cul 42101 813 299 2804

FICER OR DIRECTOR

Date

Date

Date

Date

Date

Date