

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087576

1. Entity Name

BKS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90907 004 ***150.00

Principal Place of Business S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250	Mailing Address 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250-4054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 CENTURY 21 DR. Suite, Apt. #, etc. 109B City & State JACKSONVILLE, FLORIDA Zip 32216 Country USA	3. Mailing Address 101 CENTURY 21 DR. Suite, Apt. #, etc. 109B City & State JACKSONVILLE, FLORIDA Zip 32216 Country USA
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4. FEI Number 59-2198340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AHERN, FRED L JR.
 2215 S. THIRD ST., STE. 201
 JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City: _____ FL Zip Code _____

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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRAREN, MICHAEL E 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KUESTER, KENNETH 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SONES, MICHAEL 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 CENTURY 21 DR. SUITE 109B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101 CENTURY 21 DR. SUITE 109B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101 CENTURY 21 DR. SUITE 109B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: *Michael E. Braren* Date: 4-29-00 Daytime Phone #: (904) 725-5100

CR2E034 (9/99)