

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90012 019 ***150.00

DOCUMENT # P99000089247

1. Entity Name

KCK, INC.

Principal Place of Business

P.O. BOX 1777
 BONITA SPRINGS FL 34133

Mailing Address

P.O. BOX 1777
 BONITA SPRINGS FL 34133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3611575**

Applied For

Not Applicable

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

TRASK, KENNETH N
 24260 PRODUCTION CIRCLE
 BONITA SPRINGS FL 34135

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **TRASK, KENNETH N**
 CITY-ST-ZIP **356 SHARWOOD DR**
NAPLES FL 34110

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **UMLOR, CHARLES J**
 CITY-ST-ZIP **7000 BAYVIEW BLVD**
NAPLES FL 34108

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **25290 Divot Drive**
 CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **WHEELER, KEVIN L**
 CITY-ST-ZIP **10870 BAYVIEW BLVD**
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15960 Bayside Pointe West #404**
 CITY-ST-ZIP **Fort Myers FL 33908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Kenneth N Trask

04-30-2001 (941)992-3720

Date

Daytime Phone #

CR2E034 (10/00)