

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 005 ***150.00

DOCUMENT # P99000089247

1. Entity Name
KCK, INC.



Principal Place of Business
~~P.O. BOX 1777~~
BONITA SPRINGS FL 34135

Mailing Address
~~P.O. BOX 1777~~
BONITA SPRINGS FL 34135

2. Principal Place of Business
24260 Production Circle

3. Mailing Address
24260 Production Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34135

Country

Zip
34135

Country

4. FEI Number **59-3611575**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TRASK, KENNETH N
24260 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TRASK, KENNETH N**
STREET ADDRESS **356 SHARWOOD DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VP** ☐ Delete
NAME **UMLOR, CHARLES J**
STREET ADDRESS **25290 DIVOT DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **ST** ☐ Delete
NAME **WHEELER, KEVIN L**
STREET ADDRESS **15060 BAYSIDE POINTE WEST #404**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18677 Telegraph Creek Lane**
CITY-ST-ZIP **Alva, FL 33920**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth N. Trask, Pres.

4-28-03

Date

(239) 992-3720

Daytime Phone #

12/01/2003 15:00:00