

2000 UNIFORM BUSINESS REPORT (UBR)

4/11/

FILED

May 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 029 ***150.00

DOCUMENT # P99000106750

1. Entity Name

E AND K ENTERPRISE, INC.

Principal Place of Business

4420 JUMENTO DR
PENACOLA FL 32514

Mailing Address

4420 JUMENTO DR
PENACOLA FL 32514

2. Principal Place of Business

1116 Olive Rd

Suite, Apt. #, etc.

3. Mailing Address

4420 JUMENTO DR.

Suite, Apt. #, etc.

penacola FL

City & State

penacola FL

Zip

32514

Country

Escambia

City & State

Zip

32514

Country

Escambia

4. FEI Number

59-350 2609

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, CLARENCE
4420 JUMENTO DR
PENACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Clarence Henderson

Street Address (P.O. Box Number is Not Acceptable)

4420 JUMENTO DR.

penacola, FL 32514

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, 2000 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

TITLE Director
NAME Clarence Henderson
STREET ADDRESS 4420 JUMENTO DR.
CITY-ST-ZIP penacola, FL 32514

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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 like empowered.

SIGNATURE: Clarence Henderson Clarence Henderson 4-4-00 850-473-0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F(034) (9/99)