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

05-05-2003 90164 025 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109415

1. Entity Name: KC + CK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4350 OAKES RD		SAME AS # 2	
Suite, Apt. #, etc.: SUITE 500		Suite, Apt. #, etc.	
City & State: DAVIE FL		City & State	
Zip: 33314	Country: USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0988541 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LINDA K. THORSEN

Street Address (P.O. Box Number is Not Acceptable): 4350 OAKES RD SUITE 500

City: DAVIE **FL** Zip Code: 33314

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: Linda K. Thorsen 4/29/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT + DIRECTOR	TITLE	
NAME	KHIRA CZERTOK	NAME	
STREET ADDRESS	2921 HIDDEN HOLLOW LANE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE	MANAGING DIRECTOR	TITLE	
NAME	ERIK ENGEBRETSEN	NAME	
STREET ADDRESS	2921 HIDDEN HOLLOW LANE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03 305-215-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #