

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90957 002 \*\*\*158.75

0120698 AV

**DOCUMENT # S42055**

1. Entity Name  
**S & K CONSOLIDATED, INC.**



Principal Place of Business  
**2501 S BUMBY AVE  
SUITE #1  
ORLANDO FL 32806  
US**

Mailing Address  
**POST OFFICE BOX 568943  
SUITE #1  
ORLANDO FL 32806  
US**



2. Principal Place of Business  
**10106 MASON DIXON CIRCLE**

3. Mailing Address  
**10106 MASON DIXON CIRCLE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32821**

Country  
**USA**

Zip  
**32821**

Country  
**USA**

4. FEI Number  
**59-3092801**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOOGINS, DANIEL J.  
2501 S. BUMBY AVENUE  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name  
**KATHLEEN YANIK Staples**

Street Address (P.O. Box Number is Not Acceptable)  
**10106 MASON DIXON CIRCLE**

City  
**ORLANDO**

FL Zip Code  
**32821**

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 *Kathleen Yanik Staples* DATE **4/24/03**

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

**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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>STAPLES, KATHLEEN YANIK</b>	
STREET ADDRESS <b>2501 S BUMBY AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>STAPLES, SCOTT B</b>	
STREET ADDRESS <b>2501 S. BUMBY AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>D; S;</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STAPLES, KATHLEEN YANIK</b>	
STREET ADDRESS <b>10106 MASON DIXON CIRCLE</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32821</b>	
TITLE <b>P; T;</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STAPLES, SCOTT B</b>	
STREET ADDRESS <b>10106 MASON DIXON CIRCLE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32821</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott B. Staples* **SCOTT B. Staples** DATE **4/24/03**

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

CR2E034 (10/02)