

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S47479**

1. Entity Name

J & K FAMILY ENTERPRISES, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90077 036 ***150.00

Principal Place of Business

1503 AUBURN OAKS BLVD
AUBURNDALE FL 33823
US

Mailing Address

1503 AUBURN OAKS BLVD
AUBURNDALE FL 33823
US

88923765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 Hwy 92E, #1028
Suite, Apt. #, etc.

3. Mailing Address

4500 Hwy 92E, #1028
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3057598

Applied For

Not Applicable

Zip

33801

Country

U.S.

Zip

33801

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNAPP, RANDALL L
4500 HWY 92E #1030
LAKELAND FL 33801

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.

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, 2002 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 **VD** ☒ Delete
NAME **WNEK, MICHAEL E.**
STREET ADDRESS **526 HILLSIDE DR**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **SD** ☐ Delete
NAME **KNAPP, MARTIN V.**
STREET ADDRESS **1505 AUBURN OAKS DR**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **VD** ☐ Delete
NAME **JENNINGS, THOMAS G.**
STREET ADDRESS **410 ADAMS RD**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **PD** ☐ Delete
NAME **KNAPP, RANDALL L.**
STREET ADDRESS **4500 HWY 92E #1030**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TD** ☐ Delete
NAME **JOHNSON, WILLIAM C.**
STREET ADDRESS **1503 AUBURN OAKS BLVD**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
CITY-ST-ZIP

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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:

William C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-02 863-665-0185

CR2E034 (9/01)