

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90011 031 \*\*\*150.00

0463036 AV

**DOCUMENT # V61203**

1. Entity Name

**C.K. MANAGEMENT CORPORATION**

Principal Place of Business

**11417 HARBORSIDE CIRCLE  
 LARGO FL 33773  
 US**

Mailing Address

**11417 HARBORSIDE CIRCLE  
 LARGO FL 33773  
 US**

2. Principal Place of Business

**11407 Seminole Blvd.  
 Suite, Apt. #, etc.**

3. Mailing Address

**11407 Seminole Blvd.  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Largo Florida  
 Zip 33778 Country U.S.**

City & State

**Largo Florida  
 Zip 33778 Country U.S.**

4. FEI Number

**59-3228480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, KATHLEEN  
 11417 HARBORSIDE CIRCLE  
 LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

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

**11407 Seminole Blvd.**

City

**Largo**

FL

Zip Code

**33778**

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

**Kathleen R. Hayes**

**11/9/02**

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 **D** ☐ Delete  
 NAME **HAYES, KATHLEEN**  
 STREET ADDRESS **11417 HARBORSIDE CIRCLE**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **11407 Seminole Blvd.**  
 STREET ADDRESS **Largo Florida 33778**  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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 NAME  
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 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:

**Kathleen R. Hayes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)