

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # K41391

1. Entity Name
THE BULLEK CORPORATION, REAL ESTATE DIVISION

Principal Place of Business 1211 12TH ST. ST. CLOUD FL 34769	Mailing Address POST OFFICE BOX 700068 ST. CLOUD FL 347700068
--	---

2. Principal Place of Business 29 E. 13TH STREET	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State ST. CLOUD FL	City & State
Zip 34769	Country

4. FEI Number 59-3313907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EKEN, RONALD C.
 1211 12TH ST.

 ST. CLOUD FL 34769 US

7. Name and Address of New Registered Agent

Name
EKEN, RONALD C.
 Street Address (P.O. Box Number is Not Acceptable)
29 E. 13TH STREET

 City
ST. CLOUD FL Zip Code
34769

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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	V SHAFFER STEPHEN L. <input type="checkbox"/> Delete 1211 12TH ST. ST. CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EKEN RONALD D <input type="checkbox"/> Delete 1211 12TH ST. ST. CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAFFER STEPHEN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 E. 13TH STREET ST. CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EKEN RONALD C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 E. 13TH STREET ST. CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald C. Eken **PSTD** **04/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)