FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
01-30-2003 90118 026 ***150.00

DOCUMENT # P02000127794

1. Entity Name
AUKETT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
11575 Marshwood Lane SW	11575 Marshwood Lane SW	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Fort Myers, FL	City & State: Fort Myers, FL	4. FEI Number ✔ Applied For / Not Applicable
Zip: 33908 Country: USA	Zip: 33908 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: ~~John P. Miligan, Jr.~~ GREGORY JOHN AUKETT
Street Address (P.O. Box Number is Not Acceptable)
~~1500 Colonial Boulevard, Suite 103~~ 11575 MARSHWOOD LANE SW
City: Fort Myers FL Zip Code: ~~33907~~ 33908

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: [signature] 2/14/03
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	D
NAME	Gregory Aukett
STREET ADDRESS	11575 Marshwood Lane SW
CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D
NAME	Sarah Aukett
STREET ADDRESS	11575 Marshwood Lane SW
CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] GREGORY J AUKETT 01/24/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #