

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P 99 0000 602 17**

1. Entity Name  
**DKP Investment Corp.**

Principal Place of Business      Mailing Address  
**17714 JAMESTOWN WAY      17714 JAMESTOWN WAY**  
**Lutz, FL 33549      Lutz, FL 33549**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3593982**      Not Applicable

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

**C0069531**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ADLER, ANDREW L.**  
**633 N. FRANKLIN ST**  
**# 601**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
 Name  
**ADLER, ANDREW L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3321 Henderson Blvd**  
 City  
**Tampa**      Zip Code  
**33609**

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      NOTE: Registered Agents must be over 18 years of age.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P/D</b> <b>Darrel R. PETERSON</b> <b>17714 JAMESTOWN WAY</b> <b>Lutz, FL 33549</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T/S/D</b> <b>Kimberly A. PETERSON</b> <b>17714 JAMESTOWN WAY</b> <b>Lutz, FL 33549</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information furnished on this filing is true and correct and that the filer is the owner or authorized representative of the corporation or other entity named herein, and that the filer is not a disqualified person as defined in Section 223 of the Florida Statutes, and that the filer is not a disqualified person as defined in Section 223 of the Florida Statutes, and that the filer is not a disqualified person as defined in Section 223 of the Florida Statutes.

*Kimberly Peterson*  
 SIGNATURE OF THE REGISTERED AGENT OR OFFICER OR DIRECTOR

4/26/01

813-301-5232