

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000042000**1. Entity Name  
**IFKG, INC.****FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90003 049 \*\*\*550.00

Principal Place of Business

**105 E ROBINSON ST  
SUITE 301  
ORLANDO FL 32801**

Mailing Address

**105 E ROBINSON ST  
SUITE 301  
ORLANDO FL 32801**

2. Principal Place of Business

**108 E. Hillcrest Street**

3. Mailing Address

**P.O. Box 1789**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Orlando, FL**

City &amp; State

**Orlando, FL**

4. FEI Number

**59-3404504**

Applied For

Not Applicable

Zip  
**32801**Country  
**USA**Zip  
**32802-1789**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**FINKBEINER, FRANK G  
105 E ROBINSON ST  
SUITE 301  
ORLANDO FL 32801**Name **FRANK G. FINKBEINER**

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

**108 E. Hillcrest Street**City **Orlando,****FL**Zip **32801**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINKBEINER, FRANK G</b> <b>105 E ROBINSON ST SUITE 301</b> <b>ORLANDO FL 32801</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINKBEINER, FRANK G</b> <b>108 E. Hillcrest Street</b> <b>Orlando, FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)