

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90043 012 ***158.75

DOCUMENT # K92290

1. Entity Name

~~REDD TEAM MANUFACTURING, INC.~~

LARK, INC.

Principal Place of Business

~~6587 SR 21 N~~

~~PO BOX 658~~

~~KEYSTONE HEIGHTS FL 32656~~

~~US~~

Mailing Address

~~6587 SR 21 N~~

~~PO BOX 658~~ **PO Box 1429**

~~KEYSTONE HEIGHTS FL 32656~~

~~US~~

2. Principal Place of Business

8315 LILLY LK ROAD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1429

Suite, Apt. #, etc.

City & State

MEL ROSE

City & State

Keystone Hts FL

Zip

FL

Country

USA

Zip

32656

Country

USA

4. FEI Number

59-2977337

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEEKEN, KENNETH J.

8315 LILLY LK ROAD

MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Kenneth J. Feeken

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 **P** ☐ Delete
 NAME **FEEKEN, KENNETH J.**
 STREET ADDRESS **8315 LILLY LAKE ROAD**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE **ST** ☐ Delete
 NAME **FEEKEN, LORI J**
 STREET ADDRESS **8315 LILLY LAKE ROAD**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Kenneth J. Feeken **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date

352-475-1668
 Daytime Phone #

CR2E034 (9/01)