## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # 608129** 1. Entity Name RONKING, INC. 04-18-2001 90052 041 \*\*\*150.00 Principal Place of Business Mailing Address 10276 DENOEU RD 4630 N UNIVERSITY DR BOYNTON BEACH FL 33437 PMB 201 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1910631 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STUKE, RONALD Street Address (P.O. Box Number is Not Acceptable) 10276 DENOEU RD **BOYNTON BEACH FL 33437** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE CR2E034 (10/00) ☐ Delete TITLE ☐ Change Addition NAME STUKE, RONALD L NAME STREET ADDRESS STREET ADDRESS 10276 DENOEU RD CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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

ROUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Stuke

561-732-3477

Daytime Phone #