2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 610760 1. Entity Name KSR INVESTMENTS, INC.					FILED Mar 16, 2001 8:00 am Secretary of State 03-16-2001 90004 018 ***150.00			
Principal Place of Business 2100 LAKE EUSTIS DR. TAVARES FL 32778		Mailing Address 2100 LAKE EUSTIS DR. TAVARES FL 32778						
2. Principal P	lace of Business	3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 59-1894258		Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	<b>\$8.75</b> Fee Re	Additional	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Regist			
	NROCK, KEITH J. Lake Eusts Dr 18 Fl		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
2001			City			FL Zip	Code	
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office or regi	stered ag	ent, or both, in the State of Florida.	<u> </u>		
SIGNATURE -								
9. This corpo Tax filing r	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	TE: Registered Agent signature req (111 FEE IS \$150.00 001 Fee will be \$550.0 (ble to Department of \$	0	10. Election Campaign Financin Trust Fund Contribution.	× 1	5.00 May Be dded to Fees	
11.	OFFICERS AND	DIRECTORS	12.		DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shamrock, Keith J. 2100 Lake Eustis Dr Tavares Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Cha	nge 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delète	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🗌 Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that	my signature shall have t	ne same	legal effect as if made under oath: "	that I am an of	ficer or director	
	URE: Jut X	1			<u>3-14-0/</u> 352 Date	2/17	11-1-2	