


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90064 029 ***150.00

DOCUMENT # F0200004029

1. Entity Name
RK CUSTOMZ, INC.



Principal Place of Business
**4120 CARRYWOOD DR.
MELBOURNE, FL 32934**

Mailing Address
**4120 CARRYWOOD DR.
MELBOURNE, FL 32934**

2. Principal Place of Business
4120 CAREYWOOD DR.

3. Mailing Address
4120 CAREYWOOD DR.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0456 891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KRAMER, ROBERT W
4120 CARRYWOOD DR.
MELBOURNE, FL 32934**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4120 CAREYWOOD DRIVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert W. Kramer* DATE **14 Apr 2003**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMER, ROBERT W II 4120 CARRYWOOD DR. MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4120 CAREYWOOD DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAMER, ROBERT W 4120 CARRYWOOD DR. MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4120 CAREYWOOD DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAMER, TAMMI 4120 CARRYWOOD DR. MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4120 CAREYWOOD DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAMER, JUANITA S 4120 CARRYWOOD DR. MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4120 CAREYWOOD DR.
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Robert W. Kramer* DATE **14 Apr 2003** PHONE **321-253-0928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)