

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90159 026 \*\*\*158.75

**DOCUMENT # F95000000492**

1. Entity Name  
**NKO, INC.**

Principal Place of Business  
**8160 BAYMEADOWS WAY WEST  
 STE 130  
 JACKSONVILLE FL 32256  
 US**

Mailing Address  
**8160 BAYMEADOWS WAY WEST  
 STE 130  
 JACKSONVILLE FL 32256-7447  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3290740**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**ROBINSON, WALTER  
 8160 BAYMEADOWS WAY WEST  
 STE 130  
 JACKSONVILLE FL 32256**

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

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, 2000 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>MEADOW, WILLIAM D</b>          |                                 |
| STREET ADDRESS | <b>8160 BAYMEADOWS WAY W #130</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          | <b>C</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>LAISER, MAIR</b>               |                                 |
| STREET ADDRESS | <b>8160 BAYMEADOWS WAY W #130</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          | <b>V</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>ROBINSON, WALTER</b>           |                                 |
| STREET ADDRESS | <b>8160 BAYMEADOWS WAY W #130</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>KRUEGER, HARVEY</b>            |                                 |
| STREET ADDRESS | <b>8160 BAYMEADOWS WAY W #130</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Walter Robinson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 9047300050  
 Date Daytime Phone #

CR2F034 (9/99)