
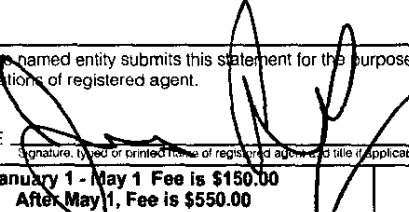
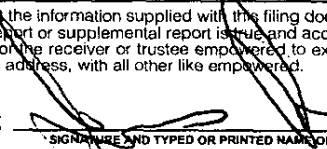


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90610 040 ***150.00

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

DOCUMENT # F95000000731			
1. Entity Name RLK MANAGEMENT CORPORATION			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 806 Winder Oaks Drive		3. Mailing Address 806 Winder Oaks Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gotha, Florida		City & State Gotha, Florida	
Zip 34734	Country Orange	Zip 34734	Country Orange
4. FEI Number 58-2152350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Rawling, James H			
Street Address (P.O. Box Number is Not Acceptable) 806 Winder Oaks Drive			
City Gotha		FL Zip Code 34734	
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 		James Rawling 04/14/03	
Signature, by you or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD RAWLING, JAMES H 806 WINDER OAKS DRIVE GOtha FL 34734	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS RAWLING, JANET S 806 WINDER OAKS DRIVE GOtha FL 34734	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		James Rawling 4/14/03 407-905-9662	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)