

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

DOCUMENT # **F99000002841**

1. Entity Name **R.K. JEWELERS INC**



**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91014 013 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10 MAPLE RUN**

Suite, Apt. #, etc.

3. Mailing Address

**10 MAPLE RUN**

Suite, Apt. #, etc.

City & State

**HAINES CITY**

City & State

**HAINES CITY FL**

Zip

**33844**

Country

**USA**

Zip

**33844**

Country

**USA**

4. FEI Number

**59 358 0823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent fee is required when resigning)

DATE

January 1st Fee is \$150.00  
After May 1st Fee is \$350.00  
(Amended UBR is \$1125)  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>
NAME	<b>Kim B Scott</b>
STREET ADDRESS	<b>10 MAPLE RUN</b>
CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
TITLE	<b>SEC.</b>
NAME	<b>Kim B Scott</b>
STREET ADDRESS	<b>10 MAPLE RUN</b>
CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
TITLE	<b>TRZAS</b>
NAME	<b>Kim B Scott</b>
STREET ADDRESS	<b>10 MAPLE RUN</b>
CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
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STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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:

**Kim B Scott**

**PRZS**

**4-23-04**

**863-439-5883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)