

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **DKE Enterprises, Inc**
G94430



FILED

03 MAR 24 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5031 Great Pocket Trl

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-2415755

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Zip

34997

Country

USA

Zip

34997

Country

USA

7. Name and Address of Current Registered Agent

Debra Elford

5031 Great Pocket Trail

Stuart

FL

34997

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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 designation of, registered agent.

SIGNATURE

Debra Elford

3/12/03

Signature (Type or printed name of registered agent and date)

(NOTE: Registered Agent signature required when exercising)

10. **OFFICERS AND DIRECTORS**

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

TITLE: **Kenneth M. Elford**
NAME: **Kenneth M. Elford**
STREET ADDRESS: **5031 Great Pocket Trail**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **Pres**
NAME: **Kenneth M. Elford**
STREET ADDRESS: **5031 Great Pocket Trail**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **Debra K. Elford**
NAME: **Debra K. Elford**
STREET ADDRESS: **5031 Great Pocket Trail**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **V-Pres Sect**
NAME: **Debra K. Elford**
STREET ADDRESS: **5031 Great Pocket Trail**
CITY-ST-ZIP: **Stuart, FL 34997**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this Corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Florida or in any other jurisdiction with an address, with all other like empowered.

SIGNATURE:

Kenneth M. Elford

Signature and typed or printed name of signing officer or director

CR2E034B (12/02)