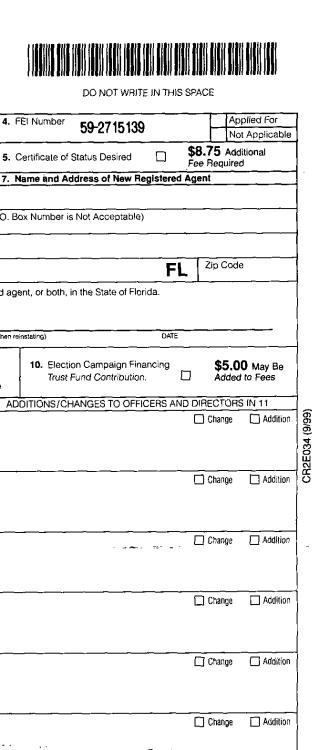
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J27779** 1. Entity Name KORKER, INC. Principal Place of Business Mailing Address % STEPHEN J. BOYLE .. Stephen J. Boyle 1654 CLEARWATER-LARGO ROAD 1054 CLEARWATER-LARGO ROAD CLEARWATER FL 33756 CLEARWATER FL 33756-3152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name BOYLE, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 1654 CLEARWATER-LARGO ROAD CLEARWATER FL-34616 33756 City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. TITLE Delete BOYLE, STEPHEN J. NAME STREET ADDRESS STREET ADDRESS 111 HARBORVIEW LANE CITY-ST-ZIP CITY-ST-ZIF LARGO FL 33770 ☐ Delete TITLE BOYLE, SUSAN L. NAME STREET ADDRESS STREET ADDRESS 208 W. OVERBROOK

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90120 049 ***150.00



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.

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BELLEAIR BLUFFS FL

111 HARBORVIEW LANE

BOYLE, JOAN C.

LARGO FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

33770

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Trees

727-584-003

Daytime Phone #