## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # J97009** 1. Entity Name IKAM, INC. 04-18-2001 90025 032 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 40925 P O BOX 40925 ST PETERSBURG FL 33743 ST PETERSBURG FL 33743 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2848202 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW. MARLENE S Street Address (P.O. Box Number is Not Acceptable) 5732 -23RD AVE S. **GULF PORT FL 33707** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE SHAW, MARLENE S NAME 5732 23 AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GULFPORT FL 33707** TITLE Change ☐ Addition ☐ Delete TITLE SHAW, MARLENE S NAME NAME STREET ADDRESS 5732 23 AVE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL 33707** ☐ Addition ☐ Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Marlene S. Shaw 4-11-01 (727