

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90807 014 \*\*\*150.00

**DOCUMENT # K35099**

1. Entity Name  
**KIRKER, INC.**

Principal Place of Business <b>2480 JOE ASHTON RD</b> <del>3905 SUSAN DRIVE</del> <i>incorrect</i> ST AUGUSTINE FL 32092 US	Mailing Address <b>2480 JOE ASHTON RD</b> <del>3905 SUSAN DRIVE</del> <i>incorrect</i> ST AUGUSTINE FL 32092 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2480 Joe Ashton Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>2480 Joe Ashton Rd.</b> Suite, Apt. #, etc.
--	---

City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32092</b>	Zip <b>32092</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2937435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>STEVE KIRKER</b> <b>2480 JOE ASHTON RD</b> <b>ST AUGUSTINE FL 32092</b>	7. Name and Address of New Registered Agent Name Street Address, (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
---	---

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>STEVE KIRKER</b>		NAME	
STREET ADDRESS <b>2480 JOE ASHTON RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32092</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KEITH KIRKER</b>		NAME	
STREET ADDRESS <b>2480 JOE ASHTON RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST AUGUSTINE FL 32092</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Steve E. Kirker* **Steve E. Kirker, Pres.** **6-20-02** **904-669-9318**  
*Keith W. Kirker* **Keith W. Kirker U.P.** **6-28-02** **904-669-9319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

*Attachment*  
# K35099  
118987

June 23, 2002

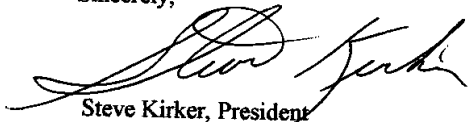
Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

I sent the attached letter last year along with the 2001 Uniform Business Report to renew our corporate status. Our mailing address still has not been changed, and again I received the 2002 Uniform Business Report (UBR) after the May 1, 2002 filing deadline.

Attached is my check for the filing fee for 2002, and once again I request an address change to prevent the UBR from getting lost in the mail next year. Thank you for your attention to this matter.

Sincerely,

  
Steve Kirker, President  
Kirker, Inc.

*Attachment*  
*# K35099*  
*118987*

November 9, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

RE: FEI # 59-2937435

I just received a notice from your office that we have had our corporate status dissolved for failing to file our corporation annual report/uniform business report. I never received the original correspondence and just received this dissolution notice, which was mailed to a non-existent address. I'm sure the original corporation annual report and any subsequent notices were also sent to the computer-generated address, which is incorrect in your system. I don't know how long this dissolution notice has been floating within the mail system before I finally, by chance, received it.

The name and address of the registered agent is listed correctly, but the mailing address where documentation is being sent is incorrect and should be changed to:

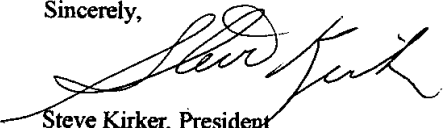
Kirker, Inc.

2480 Joe Ashton Rd.

St. Augustine, FL 32092

Please correct our mailing address in your system and re-instate our corporate status. Thank you.

Sincerely,

  
Steve Kirker, President