

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014033

1. Entity Name

Earnkey International, LLC.

APPROVED
AND
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1890 Saha Court

Kissimmee, FL 34744

Same

2. Principal Place of Business

1890 Saha Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

34744

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Scott E. Cohn, Esq.
315 SE 7th Street
2nd Floor
Ft. Lauderdale, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
John Cadden
1890 Saha Court
Kissimmee, FL 34744

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004326685--2
-05/29/01--01134--017
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Scott E. Cohn

4/30/01 (954) 523-8787

Date

Daytime Phone #

CR2E083 (11/00)