

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91386 040 \*\*\*150.00

DOCUMENT # L39119 ✓  
1. Entity Name  
D. K. R inc.

**DO NOT WRITE IN THIS SPACE**

668611

2. Principal Place of Business  
11620 Rhodine Rd  
Suite, Apt. #, etc.  
3. Mailing Address  
P.O. box 2421  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Riverview FL  
Zip  
33569  
Country  
U.S.A

City & State  
Gibsonton FL  
Zip  
33534  
Country  
U.S.A

4. FEI Number  
581651836  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Marvin D King  
Street Address (P.O. Box Number is Not Acceptable)  
11620 Rhodine Rd  
City  
Riverview FL Zip Code  
33569

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 M. D. King Marvin D King President 4-29-02  
(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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>President</u><br><u>Marvin D King</u><br><u>P.O. box 2421</u><br><u>Gibsonton FL 33534</u>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Vice President</u><br><u>Cynthia King</u><br><u>P.O. box 2421</u><br><u>Gibsonton FL 33534</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cln Cynthia L King 4-29-02 3474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)