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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 21, 2003 8:00 am Secretary of State L87043 DOCUMENT # 04-21-2003 91201 005 ***150.00 1. Entity Name STUDIO R.K., INC. Principal Place of Business Mailing Address 128Q1 UNIVERSITY DRIVE 12801 UNIVERSITY DRIVE SUITE SUITE 1 FT MYER8 FL 93907-2335 MYERS FL 33907-2335 incipal Place of Business 20 Plantation TECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 65-0218849 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEUBER-BRUNER, KAREN Street Address (P.O. Box Number is Not Acceptable) 12801 UNIVERSITY DRIVE LOUDO Plantation PK Ct Ste loa STET FM415 FL 33912 FT MYERS FL 33907 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition STEUBER, KAREN NAME NAME 6420 Plantato - PK 456 (0) 42801 UNIVERSITY DR-S STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP Ft Myes K 33912 CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition Studio RK NAME WALKER, RENEE NAME Salon & Collee Hous STREET ADDRESS 12801 UNIVERSITY DR-S1 STREET ADDRESS **6(2) Plantation Park Ct. Sta. 1()2** CITY-ST-ZIP FT MYERS FL-CITY-ST-ZIP PL Myers, FL 33012 DILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachr

all other like empowered