2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003211

Entity Name: B-OK INC.

FILED Jul 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	L CREEK DRI' 'E, FL 33946	√E				
Current Mailing Address:			New Mail	New Mailing Address:		
	L CREEK DRI' Œ, FL 33946	√E				
FEI Number: 65-0935680 FEI Number Applied For()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:	
	DWARD L CREEK DRI' E, FL 33946	√E				
The above in the State		submits this statement for the p	urpose of changing	its registered	office or registered agent, or both,	
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BOOS, LEONAR 7 CORAL CREE CAPE HAZE, FL	K DR . 33946	Title: Name: Address: City-St-Zip:	· ·) Change () Addition	
Title: Name: Address: City-St-Zip:	D () OTTING, ROBE 22 WINDWARD CAPE HAZE, FL	TERRACE	Title: Name: Address: City-St-Zip:	MIILLER, RO	CREEK DRIVE	
Title: Name: Address: City-St-Zip:	D () KIMMEL, EDW/ 250 CORAL CR CAPE HAZE, FL	EEK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (MILLER, EDV 26 LEEWARD CAOE HAZE,	D DR	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (ALDRICH, DO 4636 ARLING CAPE HAZE,	TON DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD KIMMEL D 07/15/2002