


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90173 008 ***150.00

DOCUMENT # P00000075952	
1. Entity Name RIKOR INCORPORATED	

Principal Place of Business 7249 LAUREL HILL DRIVE ORLANDO FL 32818	Mailing Address 7249 LAUREL HILL DRIVE ORLANDO FL 32818
--	--

2. Principal Place of Business 1371 DEXTER DRIVE EAST Suite, Apt. #, etc.	3. Mailing Address 1371 DEXTER DRIVE EAST Suite, Apt. #, etc.
--	--

City & State PORT ORANGE FLORIDA	City & State PORT ORANGE FLORIDA
Zip 32129	Country U.S.A.

4. FEI Number 59-3673453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KORTES, RICHARD C 7249 LAUREL HILL DRIVE ORLANDO FL 32818

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Richard C. Kortes</i> RICHARD C. KORTES ST <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME AVILA, KRISTINA L STREET ADDRESS 4644 SOUTH MOON TRAIL CITY-ST-ZIP PORT ORANGE FL 32119
TITLE D <input type="checkbox"/> Delete	NAME AVILA, RANDALL STREET ADDRESS 4644 SOUTH MOON TRAIL CITY-ST-ZIP PORT ORANGE FL 32119
TITLE P <input type="checkbox"/> Delete	NAME KORTES, MARY JANE STREET ADDRESS 7249 LAUREL MILL DR CITY-ST-ZIP ORLANDO FL 32818
TITLE ST <input type="checkbox"/> Delete	NAME KORTES, RICHARD C STREET ADDRESS 7249 LAUREL MILL DR CITY-ST-ZIP ORLANDO FL 32818
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
--	--

SIGNATURE: <i>Richard C. Kortes</i> RICHARD C. KORTES 1-27-03 386-761-7740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
--	-------------	------------------------

CR2E034 (10/02)