04/30/02 15:03 FAX

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91334 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076108

1. Entity Name: D K CONSULTING SERVICES INC.

668560

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3111 N UNIVERSITY DR	3111 N UNIVERSITY DR
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. SUITE 700
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33065 Country BROWARD	Zip 33065 Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1033604 ☐ Applied for ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DOUGLAS A. KANGUR
Street Address (P.O. Box Number is Not Acceptable): 3111 N UNIVERSITY DR SUITE 700
City: CORAL SPRINGS FL Zip Code 33065

DO NOT WRITE IN THIS SPACE

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: ______ 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	D
NAME	DOUGLAS A. KANGUR
STREET ADDRESS	3111 N UNIVERSITY DR, #700
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section ... 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: Douglas Kangur, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE