2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P00000083583 1. Entity Name 02-26-2002 90130 032 ***150.00 R & K INTEGRATED SERVICES, INC. Principal Place of Business Mailing Address 5551 NE 2 LANE 5551 NE 2 LANE OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business 3. Mailing Address Suite, Apt: #, etc. DO NOT WRITE IN THIS SPACE ---City & State City & State 4. FEI Number Applied For 59-3677341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOONEY, RISSETE Street Address (P.O. Box Number is Not Acceptable) 5551 NE 2:LANE OCALA FL 34480 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete NAME NAME LOONEY, RISSETTE STREET ADDRESS 5551 NE 2ND LANE STREET ADDRESS CITY-ST-ZIP **OCALA FL 34470** CITY-ST-ZIP ☐ Addition TITLE 😽 🗀 ☐ Delete Change VP. TITLE NAME NAME KIRKPATRICK, SANDRA KAYE STREET ADDRESS STREET ADDRESS **5551 NE 2ND LANE** CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if

FILED