DOCUMENT # P00000093042

1. Entity Name

BKLIMITED INC.

Principal Place of Business

212 SEMORAN BLVD. CASSELBERRY FL 32707 Mailing Address

212 SEMORAN BLVD. CASSELBERRY FL 32707

2. Principal Place of Business	3. Mailing Address	
216 SEMORAN BLV	D SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WR



NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			·	DO NOT WRITE IN THIS SPACE				
## Country Zp Country S. Certificate of Status Desired \$8.75 Additional Fee Required F	CASS	ELBER	RY, FL	City & State	City & State		4. FEI Number 22-3756543					
POWALISZ, LARRY 1750 SEMORAN BLVD. WINTER PARK FL 32792 City FL Zio 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. SIGNA-TURE 9. This corporation is eligible to eatiefy its Intensible Tax Timing requirement and electron is eligible to eatiefy its Intensible Tax Timing requirement and electron do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11.	Zip 32				Country		5.	Certificate of Status Desired		8.75 Ad	Iditional	
POWALISZ, LARRY 1750 SEMORAN BLVD. WINTER PARK FL 32792 City FL Zio Code City FL Z		6. Name	and Address of Current	Registered Agent			7. 1	Name and Address of New Registe	ered A	ent		
1750 SEMORAN BLVD. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	DOWALIC	7 JADDY				Name					-	
### City FL Zip Code City FL Zip Code	i		'n	>		Street Address (P.O. Box Number is Not Acceptable)						
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 SIGNATURE SIGNATURE 9. This corporation is eligible to easistly its Intangible Tay Power or private forms of registered agent and elects to do so. (See criteria or back) City FL Zip Code PILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE STD ORALIS Z, LARRY 1750 SEMORAN BLVD. CASSELBERRY FL 32707 TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Change Addition A											 .	
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 Signature Type or prived name of registered agent and side if applicable. PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES 15. OFFICERS AND DIRECTO				•	÷	City Tin Code						
SIGNATURE Suprature, hyand or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when retrievalsing) DATE	8 The above	namod ontin	v submite this statement for						<u>FL</u>	210 000		
Signature, Typed or primed name or registered apent and title I apolicable 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD GROUT, KIRT 212 SEMORAN BLVD. CITY-ST-2P TITLE STD POWALISZ, LARRY 1750 SEMORAN BLVD. WINTER PARK FL 32792 TITLE Delete TITLE Delete TITLE STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-S	o. The above	rnamed ening	y submits this statement to	or the purpose of changing its	s registere	d office o	r registered ag	ent, or both, in the State of Florida.			l	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME SIRRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE	SIGNATURE.											
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NAME NAME	NAME STREET ADDRESS			☐ Delete	NAME STREET					Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with		NAME STREET CITY-ST	r-ZIP		40.07(0)() 51		- •	Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: