

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90067 022 ***150.00

DOCUMENT # P01000002675

1. Entity Name
R.K.P. INC.



Principal Place of Business
27419 SR 54
WESLEY CHAPEL FL 33543

Mailing Address
27419 SR 54
WESLEY CHAPEL FL 33543

2. Principal Place of Business

3. Mailing Address
18211 Hancock Bluff Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DADE City FL

Zip

Country

Zip
33523

Country
USA

4. FEI Number 59-3691181

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PFLUGH, RALPH R
18211 HANCOCK BLUFF ROAD
DADE CITY FL 33523-1919

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFLUGH, RALPH R 18211 HANCOCK BLUFF ROAD DADE CITY FL 33523-1919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFLUGH, KAREN L 18211 HANCOCK BLUFF ROAD DADE CITY FL 33523-1919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph R. Pflugh* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03

Date

(813) 713-2750

Daytime Phone #

CR2E034 (10/02)