2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000024357

1. Entity Name

KCK RESOURCES, INC.



Mar 10, 2003 8:00 am § Secretary of State 03-10-2003 90161 005 ***150.00

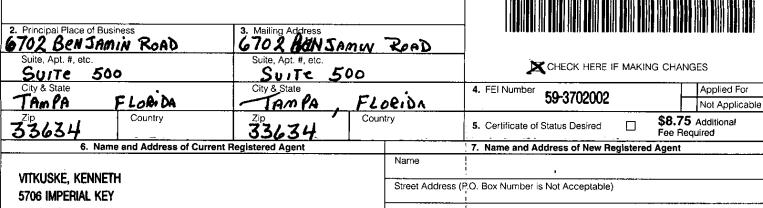
FILED

Principal Place of Business 5706 IMPERIAL KEY

TAMPA FL 33615

Mailing Address

5706 IMPERIAL KEY TAMPA FL 33615



TAMPA FL 33615

CITY-ST-7IP

Name				
Street Add	ress (P.O. Box	Number is Not A	cceptable)	
	i			
	:			
City			FI	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

(NOTE: Registered Agent signature required when reinstating)

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME vitkuske, kenneth NAME STREET ADDRESS **5706 IMPERIAL KEY** STREET ADDRESS CITY-ST-7IP **TAMPA FL 33615** CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME VITKUSKE, CHRISTINE NAME STREET ADDRESS 5706 IMPERIAL KEY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * TAMPA FL 33615 TITLE ☐ Delete TITLE **VP** ☐ Change ☐ Addition NAME HENDRICKS, KRISTY NAME STREET ADDRESS STREET ADDRESS 2910 FORREST WOOD DR CITY-ST-ZIP SEFNER FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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

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

CITY-ST-ZIP

SIGNATURE: