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

## DOCUMENT #

P01000086285

1. Entity Name FKB, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90403 010 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP								7				
Sure, Apt. #. etc.   Gheck Here in Making Changes   Sulfa, Apt. #. etc.   Gheck Here in Making Changes   Applied For   Country   Zip   Country   S. Cardicaco of Saturo Desired   Applied For   Not Applicable   Applied For   Not Applied For	536 INTERNAT	FIONAL SPEE		536 INTERN	536 INTERNATIONAL SPEEDWAY							
Sure, Apt. #, etc.   Surte, Apt. #, etc.   Surte, Apt. #, etc.   Chy & State   Chy & S			-44 - F									
City & State  City & State  City & State  City & State  Country  C	2. Principal P	lace of Busir	ness .	3. Mailing Ad	3. Mailing Address					<b>                                 </b>		
Zip Country Zip Country 5, Certificate of Status Desired   \$8.75 Applicable   \$9.75 Appli	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				$\dashv$	☐ CHECK HERE	IF MAKING (	CHANGES	
6. Name and Address of Current Registered Agent  HALL, CHRISTINE 32 N. PALM AVE DELAND FL 32724  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  Cit	City & State			City & State				4.	FEI Number 59-3743011	<del> </del>	<u> </u>	
HALL; CHRISTINE 32 N. PALM AVE DELAND FL 32724  6. The above named effility 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligat	Zip	Zip Country		Zip . Con			try	5.				
HALL, CHRISTINE 32 N. PALM AVE DELAND FL 32724  City FL Zip Code		6. Name	and Address of Curren	t Registered Age	ent			7.	Name and Address of New R	legistered Ag	jent	
32 N. PALM AVE DELAND FL 22724  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chliquidines of registered agent, or both, in the State of Florida agent, and accept the chliquidines of Florida agent agent agent agent agent agent agent agent agent a	\$		To a				Name					
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent and time and registered agent.    Intermotion					-				. <del></del>			
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Significance reported currented remore dregistered appears and late if applicable. (HOTE: Registered Agents expenditure restationary)  For Fire Fire Fire Fire Fire Fire Fire Fir	the obligat			or the purpose of	changing its	registere	ed office or regi	stered a	agent, or both, in the State of Flo	orida. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10.	SIGNATURE	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOT	E: Registere	d Agent signature req	guired when	reinstating)	DATE	<u> </u>	
Arter May 1, 2003 Fee Will be \$500.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PST HALL, CHRISTINE 32 N. PALM AVE CITY-ST-2P  DEIAND FL 32724  CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME NAME NAME NAME NAME NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	'ên, <b>∙F</b>	ILE NOW!	!! FEE IS \$150.00						Flection Campaign Fig.	nancino	\$5.0	May Ba
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12.   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		nortifu that th	a information avantical with	th this filing doca	not qualify to			n Sentin	n 119 07(3)/i\ Florida Statutos	I further certi	fy that the i-	nformation

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:

THE BEOWN SIGNATURE NO OFFICER OR DIRECTOR