

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 035 ***150.00

DOCUMENT # P01000086380

1. Entity Name

DARKE INVESTMENTS, INC.

Principal Place of Business

**2831 RINGLING BOULEVARD
 SUITE D-113
 SARASOTA FL 34237**

Mailing Address

**2831 RINGLING BOULEVARD
 SUITE D-113
 SARASOTA FL 34237**

2. Principal Place of Business

6824 GULF OF MEXICO DR.

3. Mailing Address

6824 GULF OF MEXICO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL.

City & State

LONGBOAT KEY FL.

4. FEI Number

65-1136602

Applied For

Not Applicable

Zip

34228

Country

USA

Zip

34228

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MORGAN, HUGH

2831 RINGLING BOULEVARD

SUITE D-113

SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

DARKE, KEVIN

Street Address (P.O. Box Number is Not Acceptable)

6824 GULF OF MEXICO DR.

City

LONGBOAT KEY

FL

Zip Code

34228

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
 NAME **KEVIN DARKE**
 STREET ADDRESS **6824 GULF OF MEXICO DRIVE**
 CITY-ST-ZIP **LONGBOAT KEY FL. 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

DATE

941 3838714

Daytime Phone #

CR2E034 (9/01)