


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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90173 012 \*\*\*150.00

DOCUMENT # <u>P01000086380</u>	
1. Entity Name <u>DARKE INVESTMENTS</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>6824 Gulf of Mexico DR.</u>	3. Mailing Address <u>6824 Gulf of Mexico DR.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Longboat Key</u>	City & State <u>Longboat Key</u>	4. FEI Number <u>65-1136602</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34228</u>	Country <u>USA</u>	Zip <u>34228</u>	Country <u>USA</u>

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>KEVIN DARKE</u>
Street Address (P.O. Box Number is Not Acceptable) <u>6824 Gulf of Mexico DR.</u>
City <u>Longboat Key</u>
State <u>FL</u>
Zip Code <u>34228</u>

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

(NOTE: Registered Agent signature required when resigning.)

5/21/03  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>PRESIDENT</u> <u>KEVIN DARKE</u> <u>6824 Gulf of Mexico DR</u> <u>Longboat Key FL 34228.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN DARKE

5/21/03  
Date

941 388 8914  
Daytime Phone #

CR2E034B (12/02)