

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90103 018 ***150.00

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DOCUMENT # P02000001605

1. Entity Name
IDK PROPERTIES, INC.



Principal Place of Business
2806 TROPIC RD.
MELBOURNE FL 32935

Mailing Address
2806 TROPIC RD.
MELBOURNE FL 32935



2. Principal Place of Business
2806 TROPIC RD.
Suite, Apt. #, etc.

3. Mailing Address
2806 TROPIC RD.
Suite, Apt. #, etc.

City & State
MELBOURNE FLORIDA
Zip
32935
Country
BREVARD

City & State
MELBOURNE FLORIDA
Zip
32935
Country
BREVARD

4. FEI Number
90-0007897
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

COLEMAN, CHRISTOPHER J
1329 BEDFORD DR., STE. 1
MELBOURNE FL 32940

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT XAVIER CABRERA 18144 AMERICAN BEAUTY DR. UNIT 1046 CANYON COUNTRY, CALIFORNIA 91387-4385	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ERIC MICKLEY 2806 TROPIC RD. MELBOURNE FLORIDA 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY XAVIER CABRERA 18144 AMERICAN BEAUTY DR. UNIT 1046 CANYON COUNTRY, CALIFORNIA 91387-4385	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ERIC MICKLEY 2806 TROPIC RD. MELBOURNE FLORIDA 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ERIC MICKLEY 2806 TROPIC RD. MELBOURNE FLORIDA 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR XAVIER CABRERA 18144 AMERICAN BEAUTY DR. UNIT 1046 CANYON COUNTRY, CALIFORNIA 91387-4385	<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
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: ERIC MICKLEY **(VICE PRESIDENT/DIRECTOR)** **05/01/03** **321-752-9745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)