FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90190 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000028517
1. Entity Name	
A.K.C. SERVICES, INC.	



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7721 KING F	ice of Busines ROYCE ROAD LE FL 32244	s	7721	ing Address 1 KING ROYCE ROAD KSONVILLE FL 32244					1 1 13 /14 0 /11/11 13 /1/13 1/02/1 0 0/1/1 1	11) 11 11 16 11 16 11 1	######################################	<u>'</u> '' 1 1 1 1 1 1 1 1 1 1	į
2. Principal	Place of Busin	ness	3. Ma	ailing Address									
		<u>90 Hills Ln.</u>		565 Ind	igo l	Hills	s Ln.						
Suite, Apt	. #, etc.		Sui	ite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGE	S	
Jacks	to Sonvil	le, Florida	Jo	y & State ACKSONV i l	1e, 1	Flor	eida		FEI Number 35-21 <i>62</i> 805			Applied For Not Applicabl	le
^{Zip} 3222	<u>- 1</u>	Country USA	Zip	32221	Count	ry ISA			Certificate of Status Desired		\$8.75 A Fee Requi	dditional	
	6. Name	and Address of Current F	Register	ed Agent				7. 1	Name and Address of New R	egistered /	gent		┪
FINANCIA	AL FOUNDAT	TIONS: INC			•	Name					_	•	
	NDY RIDGE I	•			F	Street /	Address (F	P.O. B	Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	·	\dashv
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						City				FL	Zip Co	de	7
8. The above the obliga	named entity tions of registe	submits this statement for ered agent.	the purp	oose of changing its	registered	d office o	r registere	d ag	ent, or both, in the State of Flo	rida. I am f	amiliar with	, and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent an	nd title if app	plicable. (NOTE	: Registered	Agent signa	ture required v	when re	einstating)	DATE			
<u>, </u>	II É NOW!!!	! FEE IS \$150.00		1	<u> </u>						-	- Vi-L	_
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department of	State						Section Campaign Fin Trust Fund Contribution			00 May Be ed to Fees	
10.		OFFICERS AND D	IRECTO	DRS	11.			AD	L DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	\dashv
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NAME					NAME		Ritc	he	y,Kennethu I Indigo Hills Onville, Fl 3	$\mathcal{M}_{\cdot,-}$		🔀 Addition	6
STREET ADDRESS						ADDRESS	105	o5	Indigo Hills	s La	ne		
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CITY-ST-ZIP					STREET A								

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