2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State
03-11-2003 90143 003 ***150.00

DOCUMENT # P02000038170

1. Entity Name
RIKU, INC.

Principal Place of Business
2731 SILVER STAR ROAD
ORLANDO, FL 32808

Mailing Address
2731 SILVER STAR ROAD
ORLANDO, FL 32808

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
737 BROOKHAVEN DR.		737 BROOKHAVEN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32803	Country: ORANGE	Zip: 32803	Country: ORANGE

4. FEI Number 81-0548166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO, FL 32808

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P NAME: HULKKONEN, RIKU STREET ADDRESS: 737 BROOKHAVEN DR. CITY-ST-ZIP: ORLANDO, FL 32803	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: V NAME: JANNOTTI, ANNA M STREET ADDRESS: 737 BROOKHAVEN DR. CITY-ST-ZIP: ORLANDO, FL 32803	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] RIKU HULKKONEN 03-07-2003 407-897-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)