FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90006 043 ***150.00

DOCUMENT # P02000049404

1. Entity Name
RICK'S RODS & COMPONENTS INC.

44049558

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
390 - 150th AVENUE	1632 CLEARVIEW AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MADEIRA BEACH, FL	City & State: CLEARWATER, FL
Zip: 33708 Country: PINELLAS	Zip: 33756 Country: PINELLAS

4. FEI Number: 01-0702187 ☐ Applied For ☐ Not Applicable

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: FREDRICK W. KOPKAU

Street Address (P.O. Box Number is Not Acceptable): 1632 CLEARVIEW AVENUE

City: CLEARWATER **FL** Zip Code: 33756

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)

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: PRESIDENT NAME: FREDRICK W. KOPKAU STREET ADDRESS: 1632 CLEARVIEW AVENUE CITY-ST-ZIP: CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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: Fredrick W. Kopkau Fredrick W. Kopkau 7-12-04 727-399-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachments 44049558

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To Whom This Matter Concerns

Os eye spoke To 1 of your Employes on 7-204 About This Matter. eye never Recieved any notice Earlier In The year like eye Have In The Past. The only Reason I can Give is over The Past 10 or 12 months We Have Had 4 Different mail Carriers. In are Business Area out Here on The Beach. eye Dont Know for sure if This is what Happend or Not. I Hope I will not Be Held Responsible for This mistake.

THANK YOU

Ron Roller