2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am \(\frac{8}{8} \) **UNIFORM BUSINESS REPORT (UBR**) Secretary of State P02000055689 DOCUMENT # 05-05-2003 91763 036 ***158.75 1. Entity Name KEIKI'S PLACE, INC. Principal Place of Business Mailing Address 2290 FLORIDA AVE 2290 FLORIDA AVE **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address 2290 Florida 2290 Florida Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 02-1616-702 Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMIREZ, DENNIS ss (P.O. Box Number is Not Acceptable) Street Add 343 PROVIDENCE BLVD **DELTONA FL 32725** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE $D \perp D$ Change Change ☐ Addition RAMIREZ, DENNIS Ramirez, Dennis NAME NAME STREET ADDRESS 343 PROVIDENCE BLVD STREET ADDRESS 1602 Ross Street Deltona, FL. 32738 **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE Ramirez Juanita RAMIREZ, JUANITA NAME NAME Dellong, FL. 32738 STREET ADDRESS 2290 FLORIDA AVE STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP eltonai ☐ Delete TITLE Change ☐ Addition TITLE NAME ORTIZ, LORRAINE NAME 1972 Lavinastreet STREET ADDRESS 2290 FLORIDA AVE STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE Change : - Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachmen

empowered.