FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90082 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000725

1. Entity Name
R.K. ENTERPRISES OF LEE COUNTY, INC.

90137974

Principal Place of Business	Mailing Address
11431 LINDA LOMA DRIVE FORT MYERS, FL 33908	11431 LINDA LOMA DRIVE FORT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
5902 N. June Ave.	Village Station
Suite, Apt. #, etc.	Suite, Apt. #, etc. Po Box 334
City & State: Lehigh Acres, FL	City & State: medway, MA
Zip: 33971 Country: USA	Zip: 02053 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0370142 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PORTER, ROY K — Deceased
11431 LINDA LOMA DRIVE
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
Name: BETH K. NEWTON
Street Address (P.O. Box Number is Not Acceptable): 5902 N. June Ave
City: Lehigh Acres FL Zip Code: 33971

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: Beth K. Newton – BETH K. NEWTON 5/20/03
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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PORTER, ROY K 11431 LINDA LOMA DRIVE FORT MYERS, FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BETH K. NEWTON VILLAGE STATION – PO BOX 334 MEDWAY, MA 02053	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth K. Newton – BETH K. NEWTON 5/20/03 239 633-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

91013797
P920000000725

To whom it may concern:

I just found out that this report needed to be filed. The PSTD of the Company died on 3/28/03. I have taken over the company but never received any of the forms. I would appreciate it if you would wave any late filing fees.

Thank you -
Beth Newton