2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P94000091551 May 11, 2001 8:00 am Secretary of State 1. Entity Name RKI Inc. 05-11-2001 90119 045 \*\*\*150.00 Principal Place of Business Mailing Address 5213 Carlton St 5213 Carlton St. Naples, FL 34113 Naples, FL A0063556 2. Principal Place of Business 3. Mailing Address 416 Samar Ave 416 Samar Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -City & State 4. FEL Number Applied For Naples, FL Naples, FL 65-0547154 Not Applicable <sup>Zip</sup> 34113 Zip 34113 Country Collier \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ronald K. Ison Ronald K. Ison Street Address (P.O. Box Number is Not Acceptable) <u>416 Samar Ave</u> 5213 Carlton St. Naples, FL Zip §4413 Naples, is statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President ☐ Addition President NAME NAME Ronald K. Ison Ronald K. Ison STREET ADDRESS STREET ADDRESS 416 Samar Ave 5213 Carlton St., Naples, FL CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34113 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #