FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 17, 2002 8:00 am Secretary of State DOCUMENT # P95000024588 1. Entity Name 07-17-2002 90132 003 \*\*\*150.00 KIKO'S TENNIS INC. Principal Place of Business Mailing Address 4420 FLAGSHIP DRIVE 12290 COCONUT CREEK CT. FORT MYERS FL 33919 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0578378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, JOSE G Street Address (P.O. Box Number is Not Acceptable) 12290 COCNUT CREEK CT. FORT MYERS FL 33908 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete ☐ Addition CASTILLO, KIKO NAME NAME STREET ADDRESS 12990 COCONUT CREEK CT. STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete

13. I hereby certify that the information supplied with this filling 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

7/11/02 941-482-0575

Change

☐ Addition

July 8, 2002

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Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am mailing the 2002 Uniform Business Report along with a check for \$150.00 at this time because I did not receive the original Report that was due in May. If you have any questions, you may contact me at (239)481-6025.

Thank you.

Sincerely,

Jose "Kiko" Castillo Kiko's Tennis, Inc.

12290 Coconut Creek Court

Fort Myers, FL 33908

RECORDAN

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