

DOCUMENT # P95000035821

1. Entity Name

LKP INVESTORS, INC.

03-07-2001 90286 001 ***561.25

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Principal Place of Business	Mailing Address
5900 TARAWOOD DR ORLANDO FL 32819 US	5900 TARAWOOD DR ORLANDO FL 32819 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3312767	Applied For
		Not Applicable

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

-6- Name and Address of Current Registered Agent -

HAYNES, BRUCE G
5900 TARAWOOD DR
ORLANDO FL 32819

7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div> <div>FL</div> <div>Zip Code</div> </div>

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.

SIGNATURE _____

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 Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	HAYNES, BRUCE G.
STREET ADDRESS	5900 TARAWOOD DR
CITY - ST - ZIP	ORLANDO FL 32818

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ORLANDO FL 32819		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce J. Rogers 2/13/01 407 909 1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)