2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000096842 **DOCUMENT #**

1. Entity Name

RK GOLF ENTERPRISES, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90073 045 ***150.00

Principal Place of Business 2416 N STATE RD 7 MARGATE FL 33063 US		Mailing Address 1163 NW 116TH AVE CORAL SPRINGS FL 33071							
2. Principal Place of Business 5474 W. SAMPLE RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
						CHECK HERE IF MAKING CHANGES			
City & Stat	GATE, FL	City & State		4.	65-0627577		oplied For of Applicable		
3307	3 USA	Zip	Country		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	Registered Agent			7. 1	Name and Address of New Registered	d Agent		
WARD, RICHARD G				Name					
	116TH AVE		Street Address		lress (P.O. B	(P.O. Box Number is Not Acceptable)			
CORAL SF	PRINGS FL 33071		City				■ Zip Cod	e	
 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 					red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE .	ions or registered agent.								
SIGNATORE.	Signature, typed or printed name of registered agen	t and title if applicable. (NC	TE: Registere	d Agent signature	required when re	einstating) DATE		-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.	,	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE Name Street address City-St-Zip	PCTD Delete VARD, RICHARD G 163 NW 116TH AVE CORAL SPRINGS FL			1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete ARD, KAREN L. 163 NW 116TH AVE DRAL SPRINGS FL						☐ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, DAVID B. 1163 NW 116TH AVE CORAL SPRINGS FL	~ □ Delete ·	•	1			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	,	☐ Delete					☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
indicated of the cor.	on this report or supplemental report i	s true and accurate and that owered to execute this repor	my signat t as requir	ure shall have	e the same I	119.07(3)(i), Florida Statutes. I further c legal effect as if made under oath; that da Statutes; and that my name appears	l am an officer	or director	