**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				Apr 28, 2003 8:00 am Secretary of State
DOCUMENT # P9600035389  1. Entity Name DKH HOLDINGS, INC.				Secretary of State 04-28-2003 91446 040 ***150.00
Principal Place of Business 1010 NE DIXIE HWY JENSEN BEACH FL 34957		Mailing Address 1010 NE DIXIE HWY JENSEN BEACH FL 34957		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0663153 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
KWANT, HENRY 1010 NE DIXIE HWY			Street Addre	ess (P.O. Box Number is Not Acceptable)
JENSEN E	BEACH FL 34957		City	Zip Code
	- <del></del>	<del></del>		
the obligat	named entry submits this statement id tions of registered agent.	or the purpose of changing its	registered office of reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating) DATE
Afte	TLE NOW!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	V		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
<u>.</u>	Payable to Florida Department o			
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KWANT, HENRY 1010 NE DIXIE HWY JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KWANT, DIANE 1010 NE DIXIE HWY JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DENOEN BEAUTI PE 34807	→ □ Delete →		Change : Addition
TITL6*  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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

SIGNATURE:

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.