2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000044853

1. Entity Name

DOCUMENT #

KEN WANTUCK ASSOCIATES, INC.

- 1	SD WE

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91396 026 ***150.00

				500 1	E TREE	}					
127 COCO PL		Mailing Address P O BOX 390				-	T = = V				
KEY LARGO I US	FL 33037	US									
2. Principal F	Place of Business*		ng Address	Mandride as a second		• •		(L1144	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	City & State			4. FEI Number 65-0665236				pplied For ot Applicable		
Zip	Country		Country			ficate of Status Desir		\$8.75 Ad Fee Require			
	6. Name and Address of Current F	registered	Agent				e and Address of N				
WANTUC	K, KEN	, .	بيني في المنطقة				lumber is Not Accept		h Caughteen		
127 COCOPLUM ROAD SOUTH KEY LARGO FL 33037						ddress (P.O. Box Number is Not Acceptable)					
				City	<u> </u>			F	Zip Coo	de	
	named entity submits this statement for ions of registered agent.	the purpo	se of changing its	registered office o	r registere	ed agent, o	or both, in the State of	of Florida. I a	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applic	cable. (NOTE	E: Registered Agent signal	ure required	when reinstation	ing)	DATE	: :		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			1 d d 1 d d d d d d d d d d d d d d d d		9	Election Campaig Trust Fund Contrib	_		00 May Be	
Make Checi	Payable to Florida Department of	State								ļ	
10.	OFFICERS AND D	DIRECTOR	S	11.		ADDITIO	ONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	P		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	WANTUCK, KEN 127 COCOPLUM ROAD SOUTH KEY LARGO FL			NAME STREET ADDRESS							
CITY-ST-ZIP TITLE	RET LANGU PL		☐ Delete	CITY-ST-ZIP					☐ Change	Addition	
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP	4			CITY-ST-ZIP					Change	Addition	
TITLE NAME	•		☐ Delete	TITLE NAME			•		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	A CONTRACT OF THE CONTRACT OF		- *	STREET ADDRESS CITY-SI-ZIP	-14. Tagge	1°	i i i i i i i i i i i i i i i i i i i	-			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>						

12. 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 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.

SIGNATURE: