2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000060218

1. Entity Name

RDK NET, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90150 031 ***150.00

I					GOO WE THE						
Principal Place 2160 SULTAN CHULUOTA F		2160	Mailing Address 2160 SULTAN CIRCLE CHULUOTA FL 32766					ABIK BRITS BUILD AG	HB 1(84)		
!											
2. Principal F	Place of Business	3. Mailing Address						BEING BRIEF BRIDG BY	() () ()	liaal lait lati	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City	City & State			4. F	FEI Number 59-3399350		-	pplied For ot Applicable	7
Zip Country		Zip		Coun	Country		Certificate of Status Desired		75 Add	ditional	1
	6. Name and Address of Current	Registere	d Agent			7. N	Name and Address of New Re	gistered Agent			1
					Name						1
SCOTT, K				Street Address	s (P.O. B	ox Number is Not Acceptable)			<u>-</u> -	1	
2160 SULTAN CIRCLE							· · · · · · · · · · · · · · · · · · ·			-	1
CHULUUI	TA FL 32766										
					City			FL z	ip Cod	e	İ
	named entity submits this statement for tions of registered agent.	or the purpo	ose of changing its i	registere	ed office or regist	ered ag	ent, or both, in the State of Flori	da. I am familia	r with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appli	icable (NOTF:	Registerer	d Agent signature requir	red when re	instating)	DATE			
	ILE NOW!!! FEE IS \$150.00	1									1
	r May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
Make Check	Payable to Florida Department of	of State					irasi Fana Conindation.		Agueu	1 to rees	
10.	OFFICERS AND	DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 11	1,
TITLE	PVST		Delete	TITLE	ı				hange	Addition	1
NAME STREET ADDRESS	SCOTT, KEVIN D 2160 SULTAN CIRCLE			NAMI STRE	ET ADDRESS						
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KKONTURE REQUIRED

Delete

1/20/0

407-971-1647

Change

Daytime Phone #

☐ Addition

2