

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000074585****1. Entity Name**

TIKI FINANCIAL SERVICES, INC.

Principal Place of Business

1000 SUNSHINE LANE

ALTAMONTE SPRINGS
32714

FL

Mailing Address

1000 SUNSHINE LANE

ALTAMONTE SPRINGS
32714

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3399810**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRANDOLPH TIMOTHY V
1000 SUNSHINE LANEALTAMONTE SPRINGS
32714

FL

7. Name and Address of New Registered Agent

Name

WILFONG JOHN DESQ

Street Address (P.O. Box Number is Not Acceptable)

1000 SUNSHINE LANE

City

ALTAMONTE SPRINGS

FLZip Code
32714**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 **JOHN DEREK WILFONG, ESQ****04/28/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P ☐ Delete
NAME RANDOLPH TIMOTHY V11
STREET ADDRESS 207 CHURCHILL DR
CITY-ST-ZIP LONGWOOD FL 32779TITLE S ☐ Delete
NAME RANDOLPH MARGARET D
STREET ADDRESS 122 LAKE RENA DR
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE D ☐ Delete
NAME RANDOLPH TIMOTHY V
STREET ADDRESS 122 LAKE RENA DR
CITY-ST-ZIP LONGWOOD FL 32779TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: TIMOTHY V. RANDOLPH, II

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04/28/2000