

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 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

6505 EDGEWATER DRIVE

3. Mailing Address

6505 EDGEWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip
32810

Country

Zip
32810

Country

4. FEI Number

59-3399810

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILFONG JOHN DESQ
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)
6505 EDGEWATER DRIVECity
ORLANDO

FL

Zip Code
32810

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 **DEREK WILFONG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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, 2001 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
NAME RANDOLPH TIMOTHY V11 ☐ Delete
STREET ADDRESS 207 CHURCHILL DR
CITY-ST-ZIP LONGWOOD FL 32779TITLE S
NAME RANDOLPH MARGARET D ☐ Delete
STREET ADDRESS 122 LAKE RENA DR
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE D
NAME RANDOLPH TIMOTHY V ☐ Delete
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 P ☒ Change ☐ Addition
NAME RANDOLPH TIMOTHY V11
STREET ADDRESS 9832 BEAR LAKE RD
CITY-ST-ZIP APOKA FL 32703TITLE S ☒ Change ☐ Addition
NAME RANDOLPH MARGARET D
STREET ADDRESS 1110 SW IVANHOE BLVD, #32
CITY-ST-ZIP ORLANDO FL 32804TITLE D ☒ Change ☐ Addition
NAME RANDOLPH TIMOTHY V
STREET ADDRESS 1110 SW IVANHOE BLVD, #32
CITY-ST-ZIP ORLANDO FL 32804TITLE ☐ 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: **TIM RANDOLPH II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

04/23/2001

Date

Daytime Phone #

CR2E034 (11/00)