

DOCUMENT # P96000085534

1/13/01-

FILED

Feb 12, 2001 8:00 am  
Secretary of State

01-13-2001 90011 015 \*\*\*150.00

1. Entity Name

DA KINE, INC.

Principal Place of Business

S 12TH ST #C  
TAMPA FL 33602  
US

Mailing Address

209 S 12TH ST #C  
TAMPA FL 33602  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

4. FEI Number 65-0712959

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKHAM, RICHARD D.

110 N 11 ST  
TAMPA FL 33602

Name

RICHARD D. MARKHAM

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

209 South 12th St #C

City

Tampa

FL

Zip Code

33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MARKHAM, RICHARD D.  
STREET ADDRESS 110 N 11 ST  
CITY-STATE-ZIP TAMPA FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE President  
NAME  
STREET ADDRESS 209 South 12th St #C  
CITY-STATE-ZIP TAMPA FL☒ Change ☐ AdditionTITLE Kim MARKHAM  
NAME  
STREET ADDRESS 209 South 12th St #C  
CITY-STATE-ZIP TAMPA FL 33602☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/00 8132230882

CR2E034 (10/00)