2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P97000012080 RICHARD KAKNES, INC. 04-25-2001 90007 026 ***150.00 Principal Place of Business Mailing Address 700 TANGERINE COURT 700 TANGERINE COURT WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address 934 N. magnolia Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 303 City & State City & State 4. FEI Number Applied For 65-0766242 orlando Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U519 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAKNES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 700 TANGERINE COURT WINTER GARDEN FL 34787 Zip Code 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition KAKNES, RICHARD NAME NAME 700 TANGERINE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS