*2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100632 FILLU SEURE IARY OF STAIL 1. Entity Name TIVISION OF CORPORATION -RK Enterprises of Sarasota, Inc. 00 OCT 23 AM 10: 05 Principal Place of Business Mailing Address 5828 Fisherman's Drive 5828 Fisherman's Drive Bradenton, FL 34209 Bradenton, FL 34209 2. Principal Place of Business 3. Mailing Address 1570 N. Lockwood Ridge Rd. 1570 N. Lockwood Ridge Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Barasota, FL Sarasota, FL 65-0795249 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34237 34237 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stephen F. Voight, P.A. William C. Grimes, Esquire 2414 Bee Ridge Rd. Street Address (P.O. Box Number is Not Acceptable) Sarasota, FL 34239 <u>1023 Manatee Ave. W.</u> City Zip Code Bradenton 34205 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. 10-17-2000 William C. Grimes FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DSTP XI Change (2) Addition TITLE ☐ Delete TITLE Kakarala, Ranga Kakarala, Ranga NAME NAME 1570 N. Lockwood Ridge Rd. 7518 Eaton Court STREET ADDRESS STREET ADDRESS Sarasota, FL 34237 University Park, FL 34201 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME Kakarala, Chandra Leela STREET ADDRESS STREET ADDRESS 11929 Crossway Dr. CITY-ST-ZIP CITY-ST-ZIP Fort Wayne, IN 46814 Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS 400003457914-CITY-ST-7(P CITY-ST-ZIP <u> 11709700</u> ☐ Delete TITLE ****750. 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 ☐ Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS 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.

Ranga Kakarala

SIGNATURE: