

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90357 044 ***150.00

DOCUMENT # P97000100632

1. Entity Name

RK ENTERPRISES OF SARASOTA, INC.

Principal Place of Business

**1570 N. LOCKWOOD RIDGE RD
SARASOTA FL 34237**

Mailing Address

**1570 N. LOCKWOOD RIDGE RD
SARASOTA FL 34237**

2. Principal Place of Business

1570 N. LOCKWOOD RIDGE RD

3. Mailing Address

1570 N. LOCKWOOD RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA, FLORIDA

SARASOTA, FLORIDA

City & State

City & State

SARASOTA, FLORIDA

SARASOTA, FLORIDA

Zip

34237

Country

USA

Zip

34237

Country

USA

6. Name and Address of Current Registered Agent

**GRIMES, WILLIAM C ESQ
1023 MANATEE AVE W
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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 **DSTP** ☐ Delete
NAME **KAKARALA, RANGA**
STREET ADDRESS **7518 EASTON COURT**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

TITLE **DV** ☐ Delete
NAME **KAKARALA, CHANDRA L**
STREET ADDRESS **11929 CROSSWAY DR**
CITY-ST-ZIP **FORT WAYNE IN 46814**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7518 EATON COURT**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANGA KAKARALA 2/28/2001 (941) 955-3446

Date

Daytime Phone #

CR2E034 (10/00)

0413384