APR-26-01 02:38 PM

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90380 048 ***150.00

DOCUMENT #P98000005416

1. Entity Name

IKE PUBLICATIONS, INC

Principal Place of Business — Mailing Address

264 ST. THOMAS AVE
KEY LARGO FL 33037

768953

2. Principal Place of Business: 264 ST. THOMAS AVE
Suite, Apt. #, etc.
City & State: KEY LARGO, FL 33037
Zip — Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0813454 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GUERNICA, ENEIDA B
264 ST. THOMAS AVE
KEY LARGO, FL 33037

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 remaining) — 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, 2000 Fee will be $300.00
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 / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete
GUERNICA, ENEIDA B
264 ST. THOMAS AVE
KEY LARGO, FL 33037

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ Change ☐ Addition

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: E. Guernica — 4/27/01