

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90346 027 ***150.00

DOCUMENT # P98000024613

1. Entity Name

R.K. HART ENTERPRISES, INC.

Principal Place of Business

427 LAKE HOWELL ROAD
 SUITE E
 MAITLAND FL 32751

Mailing Address

427 LAKE HOWELL ROAD
 SUITE E
 MAITLAND FL 32751

2. Principal Place of Business

1015 S. Semoran Blvd.

3. Mailing Address

1015 S. Semoran Blvd.

Suite, Apt. #, etc.

Suite 121

Suite, Apt. #, etc.

Suite 121

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

Zip

32707

Country

4. FEI Number

59-3502598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, KAY

427 LAKE HOWELL ROAD
 SUITE E
 MAITLAND FL 32759

7. Name and Address of New Registered Agent

Name

1015 S. Semoran Blvd.

Suite 121

Casselberry, FL

FL

Zip Code
 32707

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HART, KAY
 427 LAKE HOWELL ROAD SUITE E
 MAITLAND FL 32759 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 1015 S. Semoran Blvd. Suite 121
 Casselberry, FL 32707

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

TITLE
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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-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 empowered.

SIGNATURE:

KAY HART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02 407-830 7800

Date

Daytime Phone #

CR2E034 (9/01)