2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90150 008 ***150.00

A0058693

DOCUMENT # P98000068451 N/C filed 6/22/00 (MKM)

1. Entity Name
Roken Development, Inc

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4903 Richland Ct	4903 Richland Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip ~~3447~~ 33647 Country	Zip 33647 Country

4. FEI Number 59-3536129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ross, Arnold 15350 Amberly Dr. Suite 3321 Tampa, FL 33647	Name Ross, Arnold Street Address (P.O. Box Number is Not Acceptable) 4903 Richland Ct. City Tampa FL Zip Code 33647

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] 4/9/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ~~P~~ NAME ~~Ross, Arnold~~ STREET ADDRESS ~~PS~~ CITY-ST-ZIP	☐ Delete	TITLE PT NAME Ross, Arnold STREET ADDRESS 4903 Richland Ct. CITY-ST-ZIP Tampa, FL 33647	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VS NAME Kennedy, Thomas E STREET ADDRESS 1053 W. Sullivan Ter. CITY-ST-ZIP Beverly Hills, FL 34465	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] 4/9/01 352-796-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #