**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 10, 2002 8:00 am Secretary of State P99000000133 DOCUMENT # 1. Entity Name 04-10-2002 90653 022 \*\*\*150.00 R.K.B. ASSOCIATES INC. Principal Place of Business Mailing Address 66 N ATLANTIC AVE STE 204 66 N ATLANTIC AVE STE 204 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0887057 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARCANT, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 66 N ATLANTIC AVE STE 204 COCOA BEACH FL 32931 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) 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, 2002 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1155 --11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE PVST. NAME BARCANT, RICHARD K NAME STREET ADDRESS STREET ADDRESS 304 OAK ST CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Change Addition TITLE ☐ Delete TITLE NAME BARCANT, RICHARD K STREET ADDRESS STREET, ADDRESS 304 OAK ST CITY-ST-7IP CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARCANT, KEVIN NAME STREET ADDRESS 233 ANTIGUA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change ☐ Addition Delete . TITLE TITLE NAME BARCANT, MAREN NAME STREET ADDRESS STREET ADDRESS 233 ANTIGUA DR CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Addition Delete TITLE TITLE BARCANT, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS 304 OAK ST CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Lieband Change and Richard BARCANT 4/3/07 5217

Daytime Phone #