☐ Change

☐ Addition

FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P99000029862 1. Entity Name D & KS ENTERPRISES, INC. 04-04-2001 90012 017 ***150.00 Principal Place of Business Mailing Address 1117 PINELLAS BAY WAY.#203 1117 PINELLAS BAY WAY.#203 TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address 52 / PINELLAS BAY 521 PINELLAS B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #404 # 404 City & State City & State 59-3566880 Applied For TIEIRIZA VIERDE TIERRA VEROK Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ------7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATHLEEN SEGALL STILLWAGON, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 1117 PINELLAS BAY WAY.#203 521 PINELLAS BAYWA TIERRA VERDE FL 33715 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE SEGALL, KATHLEEN STILLWAGON, KATHLEEN NAME NAME 521 PINELLAS BAYWAY #404 1117 PINELIAS BAYWAY #203 STREET ADDRESS STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-ZIP CITY-ST-7IP TIERRA VERDE FL 33715 VPST **VPST** ☐ Delete TITLE TITLE SEGALL, DANIEL SEGALL, DAY NAME NAME 521 PINKULAS BAYUAY A404 1117 PINELLAS BAYWAY #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRA VEROK, FL CITY-ST-ZIP TIERRA VERDE FL 33715 TITLE÷ 🗝 --- Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME

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 of trigistee 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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