

04/25/2001 15:11 516-928-3679

MORRIS C

### 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90409 026 \*\*\*150.00

**DOCUMENT # P99000034725**

1. Entity Name  
**RKBK, INC.**

Principal Place of Business

**756 PINE CHASE CT  
WELLINGTON FL 33414**

Mailing Address

**756 PINE CHASE CT  
WELLINGTON FL 33414**

**C0068909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0922595**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT  
6650 W INDIANTOWN RD, SUITE 200  
JUPITER FL 33458**

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 releasing)

DATE

9. This corporation is eligible to satisfy its filing requirements and elect to file electronically (See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME  Delete  
**DP CAVANAGH, ROBERT T**  
STREET ADDRESS **756 PINE CHASE CT**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME  Delete  
**OV CAVANAGH, KAREN K**  
STREET ADDRESS **756 PINE CHASE CT**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a checkmark with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

*Karen K. Cavanagh*

4/24/01

561-798-3054