2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000034725 1. Entity Name RKBK, INC.				Secretary of State 01-15-2002 90069 030 ***150.00				
Principal Place of Business 756 PINE CHASE CT WELLINGTON FL 33414		Mailing Address 756 PINE CHASE CT WELLINGTON FL 33414						
						 	1516 (1881 B)() (881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Nur	4. FEI Number 65-0922595 Applied For			
Zip Country		Zìp	p Country		Certificate of Status Decired			
	6. Name and Address of Current R	egistered Agent			and Address of New Re	Fee Requ	iired	
			Name			giotorea rigeni		
KRAMER, SCOTT 6650 W INDIANTOWN RD, SUITE 200 JUPITER FL 33458			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip C	ode	
8 The above	e named entity submits this statement for t	he purpose of changing its	registered office as socie		Laste Calles Of the of Flori			
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND DI	RECTORS	12.	ADDITION	IS/CHANGES TO OFFIC	ERS AND DIRECTO	PRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVANAGH, ROBERT T 756 PINE CHASE CT WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAVANAGH, KAREN K 756 PINE CHASE CT WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS STTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	e	
ITLE IAME ITREET ADDRESS IITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
3. I hereby of indicated of the correctanged,	certify that the information supplied with the on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for the and accurate and that me real to secute this eport a n all of the like empowered.	the exemption stated in s y signature shall have the as required by Chapter 6	Section 119.07(3 e same legal effe 07, Florida Statu	l)(i), Florida Statutes. I fu ect as if made under oat tes; and that my name a	irther certify that the h; that I am an office appears in Block 11	information er or director or Block 12 if	

ROBERT T. CAVANAGIT 571798-3056