

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90339 006 ***150.00

U1/006 AV

DOCUMENT # P99000036674

1. Entity Name
RKEA CORPORATION



Principal Place of Business
**694 9TH ST. NORTH
NAPLES FL 34101**

Mailing Address
**1500 COLONIAL BLVD., STE. 103
FT. MYERS FL 33907**

90011345



2. Principal Place of Business

3. Mailing Address

Site, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3571739**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD., STE. 103
FT. MYERS FL 33907**

Name **ROY SOWERS**
Street Address (P.O. Box Number is Not Acceptable)
12211 EAGLE POINTE CIRCLE
City **FT. MYERS,** FL Zip Code **33913**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Roy Sowers**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 24, 2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SOWERS, ROY**
STREET ADDRESS **12211 EAGLE POINT CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TOM, DELACENSERIG**
STREET ADDRESS **11421 WATERFORD VILLAGE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roy Sowers** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 2003 **239-561-2597**

Date

Daytime Phone #

CR2E034 (10/02)