

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90260 002 \*\*\*150.00

0075935

**DOCUMENT # P99000053921**

1. Entity Name  
**LURKEN, INC.**

Principal Place of Business Mailing Address  
**14532 OCONEE LANE 14532 OCONEE LANE**  
**ORLANDO FL 32837 ORLANDO FL 32837**

2. Principal Place of Business 3. Mailing Address  
**14126 SIERRA VISTA DV. PO Box 692692**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ORLANDO FLORIDA ORLANDO FLORIDA**  
 Zip Country Zip Country  
**32837 USA 32869 USA**

4. FEI Number **59-3585562** App lic For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DALTON, RONALD N**  
**14532 OCONEE LANE**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**14126 SIERRA VISTA DV.**  
 City **ORLANDO** FL Zip Code **32837**

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 Ronald N Dalton, RONALD N. DALTON Sec. TREAS. **4-19-01**  
Signature, typed or printed name of registered agent and type of appointment. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$650.00  
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DALTON, VICKI K</b> <b>14532 OCEAN LANE</b> <b>ORLANDO FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14126 SIERRA VISTA DV.</b> <b>ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DALTON, RONALD N</b> <b>14532 OCEAN LANE</b> <b>ORLANDO FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14126 SIERRA VISTA DV.</b> <b>ORLANDO FL 32837</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exempt on stated in Section 19.07(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 an address, with a letter I am empowered.

SIGNATURE: Ronald N Dalton, RONALD N. DALTON **4-19-01** **407 240 7401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)