

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 014 ***150.00

DOCUMENT # **999000060217**

1. Entity Name

DKP Investment Corp. ✓

DO NOT WRITE IN THIS SPACE

851687

2. Principal Place of Business

12306 Veronica AVE

Suite, Apt. #, etc.

3. Mailing Address

12306 Veronica AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3593982

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW L. ADLER

Street Address (P.O. Box Number is Not Acceptable)

501 S DAKOTA AVE #7

City

Tampa

FL

Zip Code

33606

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IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Darrel R. Peterson
12306 Veronica AVE
Tampa FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/S/D
Kimberly A. Peterson
12306 Veronica AVE
Tampa FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)