## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000087576 May 17, 2000 8:00 am Secretary of State BKS. INC. 05-17-2000 90907 004 \*\*\*150.00 Principal Place of Business Mailing Address 2215 S. THIRD ST., STE. 201 .... S. THIRD ST., STE. 201 IACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-4054 2. Principal Place of Business 3. Mailing Address 101 CENTURY 21 DR. 101 CENTURY 21 DL. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 109 B City & State Applied For City & State 2198340 FLORIDA JACKSONVILKE Not Applicable \$8.75 Additional アノ人し 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AHERN, FRED L JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250 Zip Code FL

\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition DD) F TITLE ☐ Delete Braren, Michael E NAME 101 CENTURY 21 DR. SUITE 109B STREET ADDRESS 2215 S. THIRD ST., STE. 201 STREET ADDRESS TAUSONVILLE, FL 3171 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-7IP ☐ Delete TITLE TITLE

NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

KUESTER, KENNETH NAME 2215 S. THIRD ST., STE. 201 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP TITLE NAME

9. This corporation is eligible to satisfy its Intangible

Signature, typed or printed name of registered agent and title if applicable

☐ Delete SONES, MICHAEL 2215 S. THIRD ST., STE. 201 JACKSONVILLE BEACH FL 32250

> NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

Delete

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.

STREET ADDRESS CITY-ST-ZIP

TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME

10. Election Campaign Financing

DACKSONVINE, FL 32-16

101 CENTURY 21 DR. SUITE 109B JACKSONVINE, FL 32216

☐ Addition

Addition

Change

☐ Change