AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109294

1. Entity Name
R-Kadium, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5419 Vineland Road	5419 Vineland Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida 32811	City & State: Orlando, Florida 32811
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. FEI Number: 59-3614733 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Janet Lee Kelley

Street Address (P.O. Box Number is Not Acceptable): 5419 Vineland Road

City: Orlando **FL** Zip Code: 32811

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	Delete	600008836076
NAME	Bode, Robert J.		11/06/02--01126--001 **61.25
STREET ADDRESS	5419 Vineland Road		
CITY-ST-ZIP	Orlando, Florida 32811		
TITLE	V	Delete	
NAME	Brogni, Dominica		
STREET ADDRESS	5419 Vineland Road		
CITY-ST-ZIP	Orlando, Florida 32811		
TITLE	PTD		
NAME	Kelley, Janet Lee		
STREET ADDRESS	1220 North Main Street		
CITY-ST-ZIP	Kissimmee, Florida 34744		
TITLE	VS		
NAME	Kelley, Nicholas Delano		
STREET ADDRESS	1220 North Main Street		
CITY-ST-ZIP	Kissimmee, Florida 34744		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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: _____ 10/23/02 407-870-7431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 10/25/02

CR2E034B (12/01)