## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 02, 2002 8:00 am Secretary of State S74546 DOCUMENT # 1. Entity Name 05-02-2002 90032 032 \*\*\*150 00 DERK ENTERPRISES, INC. II Mailing Address Principal Place of Business 1077 PINELLAS BAYWAY S. 1077 PINELLAS BAYWAY S. TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 US 2. Principal Place of Business 3. Mailing Address 108 1/M ST. E. 108 11+h DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State TIERRA VERDE 59-3085694 Not Applicable VERDE, FL TIERRA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US 7. Name and Address of New Registered Agent .... 6. Name and Address of Current Registered Agent SCHWEITZER, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 108 11+h ST. E. 1077 PINELLAS BAYWAY S. **TIERRA VERDE FL 33715** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE NAME NAME SCHWEITZER, RICHARD J. 108 11th STIE, STREET ADDRESS 1077 PINELLAS BAYWAY S. STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-7IP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete TITLE TITLE . NAME : NAME SCHWEITZER, MARIANNE S. 108 11th ST.E. STREET ADDRESS 1077 PINELLAS BAYWAY S. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIERRA VERDE FL 33715 ----- Delete ----TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.