

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90009 030 \*\*\*150.00

**DOCUMENT #** F93000005058

**1. Entity Name**

MWK Investments II, Inc  
 6649 Westwood Blvd #130  
 Orlando, FL 32821

**Principal Place of Business**

6649 WESTWOOD BLVD.  
 130  
 ORLANDO FL 32821  
 US

**Mailing Address**

6649 WESTWOOD BLVD.  
 130  
 ORLANDO FL 32821  
 US

**2. Principal Place of Business**

7380 Sand Lake Road

Suite, Apt. #, etc.

Suite 120

City & State

Orlando, FL

Zip

Country

32819

USA

**3. Mailing Address**

7380 Sand Lake Road

Suite, Apt. #, etc.

Suite 120

City & State

Orlando, FL

Zip

Country

32819

USA

**4. FEI Number**

58-2069070

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND  
 SUITE 1300  
 PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

TITLE	PCT	<input type="checkbox"/> Delete
NAME	Kessler, Martha	
STREET ADDRESS	5079 Latrobe Drive	
CITY-ST-ZIP	Windermere, FL 32786	
TITLE	ASST. MGR.	<input type="checkbox"/> Delete
NAME	Foltz, Joseph	
STREET ADDRESS	3520 Piedmont Road NE #250	
CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	M.	<input type="checkbox"/> Delete
NAME	Dey, John A	
STREET ADDRESS	6649 Westwood Blvd #130	
CITY-ST-ZIP	Orlando, FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7380 Sand Lake Road Suite 120	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Five Piedmont Center #750	
STREET ADDRESS	Atlanta, GA 30305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7380 Sand Lake Road Suite #120	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SECRETARY OF STATE

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

407-996-9999