

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 036 ***150.00

DOCUMENT # P00000089833

1. Entity Name

MJK ASSOCIATES, INC.



Principal Place of Business

9977 WESTVIEW DRIVE

#113

CORAL SPRINGS FL 33076

Mailing Address

9977 WESTVIEW DRIVE

#113

CORAL SPRINGS FL 33076

90043765



2. Principal Place of Business

8769 Arbor Walk Drive

3. Mailing Address

8769 Arbor Walk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL

City & State
Lake Worth FL

4. FEI Number
65-1045124

Applied For
Not Applicable

Zip
33467

Country
USA

Zip
33467

Country
USA

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

6. Name and Address of Current Registered Agent

KUGLER, MICHAEL J

22681 ROYAL CROWN TERRACE EAST

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
Kugler, Michael J.

Street Address (P.O. Box Number is Not Acceptable)
8769 Arbor Walk Drive

City
Lake Worth **FL** Zip Code
33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KUGLER, MICHAEL J ☐ Delete
22681 ROYAL CROWN TERRACE EAST
BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KUGLER, ALICE ☐ Delete
22681 ROYAL CROWN TERRACE EAST
BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Kugler, Michael J. ☒ Change ☐ Addition
8769 Arbor Walk Drive
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Kugler, Alice ☒ Change ☐ Addition
8769 Arbor Walk Drive
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 561969 3661

Date Daytime Phone #

CR2E034 (10/02)