## **FILED** .മൂളർ2 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P00000107660 DOCUMENT # 1. Entity Name 05-22-2002 90193 016 \*\*\*150.00 M.K.T. DAWES, INC. Principal Place of Business Mailing Address 204 HUNT AVE 204 HUNT AVE FT PIERCE FL 34946 FT PIERCE FL 34946 Mailing Address mo DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. uite, Apt. #, etc Applied For City & Stare City & State 4. FEI Number 65-1075856 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAWES, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 2879 OLD DIXIE HWY FT PIERCE FL 34946 Zip Code City FL 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** (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. ☐ Addition ☐ Delete TITLE ☐ Change TITLE DAWES, KENNETH C NAME NAME 2879 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS FT PIERCE FL 34946 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapters with an address with all other like presument.

changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

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