2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000082490 **DOCUMENT #** 1. Entity Name MK&R ENTERPRISES, INC.



01-13-2003 90686 026 ***150.00

W CD LIV			OF WE						
Principal Place of Business Mailing Address 756 SNUG ISLAND 756 SNUG ISLAND CLEARWATER FL 33767 CLEARWATER FL 33767						ILI 40 1111 80 181 1 8 11 3 171	III 91919 I I	161 80 11 1 88 9	
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2. Principal Place of Business ON Dode Cone Se Blvd Suite, Apt. #, etc. Suite, Apt. #, etc.					⊠ CHECK HERE	IF MAKING CHA	NGES		
City & State City & State					4. FEI Number Applied For Not Applicable				
Zip	Country Country	Zip	Country		Certificate of Status Desired	\$8.7	75 Addit	tional	
3408	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New F	legistered Agent			
Name									
BOUTZOUKAS, MICHAEL E 704 WEST BAY STREET				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL				* .					
			City			FL Z	Zip Code		
8. The above	named entity submits this statement for t	the purpose of changing its re	gistered office or	registered a	gent, or both, in the State of Fl	orida. Lam famili	ar with, a	and accept	
	ons of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent an	d title it emplicable (NOTE: R	egistered Agent signatu	re required when	reinstating)	DATE			
		o day ii application						_	
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 Fi Trust Fund Contribution	· —		May Be to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	Α	ADDITIONS/CHANGES TO OF				
TITLE	D MACTDENIANES MICHAEL	☐ Delete	TITLE NAME			П	Change	Addition	
NAME STREET ADDRESS	KASTRENAKES, MICHAEL 1755 MCCAULEY ROAD		STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	pres	sident .	,	Change	Addition	
NAME STREET ADDRESS	MELISSA, MARIA 756 SNUG ISLAND		NAME STREET ADDRESS	Meli:	ssas maria Snug Islan	Ч			
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP	'टॉॅं हैं	arwater, f	L 3376	,7		
TITLE	D	☐ Delete	TITLE		يتيين حاليه مناهبيني اليبار دادمي		Change	Addition	
NAME	BOUTZOUKAS, MIA		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1761 ROYAL OAK PLACE WEST DUNEDIN FL 34698		CITY-ST-ZIP	<u> </u>					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP		Delete	TITLE	-			Change	Addition	
TITLE NAME		CT Detete	NAME			٦	•	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

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 all other like empowered.