

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90078 028 ***150.00

DOCUMENT # K75723

1. Entity Name

MWK CONSULTING, INC.

Principal Place of Business

Mailing Address

1917 HILL DRIVE
 PALM HARBOR FL 34683

1917 HILL DRIVE
 PALM HARBOR FL 34683-6622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2192517**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KONOMOS, MICHAEL
 1917 HILL DRIVE
 PALM HARBOR FL 34683

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONOMOS, MICHAEL W.	NAME	KONOMOS, MICHAEL W.
STREET ADDRESS	1917 HILL DRIVE	STREET ADDRESS	1917 HILL DRIVE
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	PALM HARBOR FL. 34683
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONOMOS, WILLIAM M.	NAME	KONOMOS, WILLIAM M
STREET ADDRESS	1917 HILL DR.	STREET ADDRESS	1917 HILL DRIVE
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	PALM HARBOR FL. 34683
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, GEORGIA P.	NAME	
STREET ADDRESS	1917 HILL DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOMOS, VIRGINIA E.	NAME	KARAGAS, VIRGINIA E.
STREET ADDRESS	1917 HILL DR.	STREET ADDRESS	812 VILLAGE WAY
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	PALM HARBOR, FL. 34683
TITLE	PD <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN KONOMOS	NAME	DEAN KONOMOS
STREET ADDRESS	664 BERRYWOOD WAY	STREET ADDRESS	2801 BRIARBLUFF LANE
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	CLEAR WATER, FL. 33761
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUHNERLYN, HELEN	NAME	HELEN MUNNERLYN
STREET ADDRESS	2400 WINDING CREEK BLVD	STREET ADDRESS	2400 WINDING CREEK BLVD - UNIT 101-BLDG 10
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	CLEARWATER, FL. 33761

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: *Georgia P. Konomos* (GEORGIA) P KONOMOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000 727-784-4600
 Date Daytime Phone #

CR2E034 (9/99)