

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90455 016 ***150.00

0094783 AV

DOCUMENT # K75723

1. Entity Name
MWK CONSULTING, INC.



Principal Place of Business
**1917 HILL DRIVE
PALM HARBOR FL 34683**

Mailing Address
**1917 HILL DRIVE
PALM HARBOR FL 34683**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2192517**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD KONOMOS, MICHAEL W.**
STREET ADDRESS **1917 HILL DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD KONOMOS, WILLIAM M.**
STREET ADDRESS **1917 HILL DR.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD KONOMOS, GEORGIA P.**
STREET ADDRESS **1917 HILL DR.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT KONOMOS, VIRGINIA E.**
STREET ADDRESS **812 VILLAGE WAY**
CITY-ST-ZIP **CLEARWATER FL 35683**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD DEAN KONOMOS**
STREET ADDRESS **664 BERRYWOOD WAY**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
NAME
STREET ADDRESS **1630 HONEY BEAR LANE**
CITY-ST-ZIP **DUKEDIN, FL. 34698**

TITLE Delete
NAME **VD MUHNERLYN, HELEN**
STREET ADDRESS **2400 WINDING CREEK BLVD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Georgia Konomos **GEORGIA KONOMOS** 4/24/03 727-984-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)