

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52713

1. Entity Name

M.A.K. OF ORLANDO, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 012 ***150.00

Principal Place of Business

Mailing Address

1902 ALDEN RD.
ORLANDO FL 32803

P.O. BOX 2106
ORLANDO FL 32802-2106

2. Principal Place of Business

125 Ocean Way

3. Mailing Address

125 Ocean Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach FL

4. FEI Number

59-2563761

Applied For

Not Applicable

Zip

Country

Indian River

Zip

Country

Indian River

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

MCKELLAR, KENNETH B
1902 ALDEN RD.
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

125 Ocean Way

City

Vero Beach

FL

Zip Code
32963

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

Kenneth B. McKellar

4-11-00

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

TITLE P ☐ Delete
NAME MCKELLAR, KENNETH B.
STREET ADDRESS 1902 ALDEN RD.
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 125 Ocean Way
CITY-ST-ZIP Vero Beach, FL 32963

TITLE D ☐ Delete
NAME MCKELLAR, KENNETH B.
STREET ADDRESS 1902 ALDEN RD.
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 125 Ocean Way
CITY-ST-ZIP Vero Beach, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Kenneth B. McKellar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00
Date

Daytime Phone #

CR2E034 (9/99)