

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02044

1. Entity Name

MKLD INCORPORATED

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90020 020 ***150.00

Principal Place of Business

Mailing Address

% MONTE K. DIETRICH
5112 E. FOWLER AVE
TAMPA FL 33617

% MONTE K. DIETRICH
5112 E. FOWLER AVE
TAMPA FL 33617-2189

2. Principal Place of Business

3. Mailing Address

13702 LAZY OAK DR.

Suite, Apt. #, etc.

TAMPA, FL

Suite, Apt. #, etc.

City & State

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2636181

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

DIETRICH, MONTE K.
5112 E. FOWLER AVE
TAMPA FL 33617

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

TITLE P
NAME DIETRICH, MONTE K.
STREET ADDRESS 13702 LAZY OAK DR
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME DIETRICH, EVA I.
STREET ADDRESS 13702 LAZY OAK DR
CITY-ST-ZIP TAMPA FL

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA DIETRICH

2-22-00

Date

813-979-4129

Daytime Phone #

CR2E034 (9/99)