

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19168

1. Entity Name

M K MECHANICAL, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90138 031 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 1128  
EDGEWATER FL 32132

P.O. BOX 1128  
EDGEWATER FL 32132-1128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2876045

Applied For  
Not Applicable

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

KOWNACKI, MICHAEL D.  
704F WEST PARK AVENUE  
EDGEWATER FL 32132

Name

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

2526 Paige Ave.

City

New Smyrna Beach

FL

Zip Code

32168

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

*Michael D. Kownacki*

MICHAEL D. KOWNACKI / PRESIDENT

1-11-00

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 DP  
NAME KOWNACKI, MICHAEL D  
STREET ADDRESS 704 F WEST PARK AVE  
CITY-ST-ZIP EDGEWATER FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2526 Paige Ave.  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE DST  
NAME KOWNACKI, LAURIE A  
STREET ADDRESS 704F WEST PARK AVE  
CITY-ST-ZIP EDGEWATER FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2526 Paige Ave.  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael D. Kownacki*

MICHAEL D. KOWNACKI / PRESIDENT

1-11-00

904-422-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)