

2001 UNIFORM BUSINESS REPORT (UBR)**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

Zip

Country

Zip

Country

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	KONOMOS, MICHAEL W.	
STREET ADDRESS	1917 HILL DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	KONOMOS, WILLIAM M.	
STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	KONOMOS, GEORGIA P.	
STREET ADDRESS	1917 HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	KONOMOS, VIRGINIA E.	
STREET ADDRESS	812 VILLAGE WAY	
CITY-ST-ZIP	CLEARWATER FL 35683	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	DEAN KONOMOS	
STREET ADDRESS	664 BERRYWOOD WAY	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MUNNERLYN, HELEN	
STREET ADDRESS	2400 WINDING CREEK BLVD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Georgia P Konomos / **GEORGIA P KONOMOS**

4-23-2001

727-784-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$60036

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)