2002 Uniform Business Report (UBR)

SIGNATURE: 🚄

Mar 13, 2002 8:00 am P00000010647 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90031 045 ***150.00 MK BUSINESS ENTERPRISES, INC. Principal Place of Business Mailing Address 1710 CHANDELIER CIRCLE EAST 1710 CHANDELIER CIRCLE EAST 80040206 JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Post Office Box 351263 1 Independent Drive Suite, Apt. #, etc. Suite 100 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3622210 Jacksonville, Jacksonville, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32235 U.S.A. Fee Required 32202 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODALL, M. KEVIN Street Address (P.O. Box Number is Not Antreptable) ... 1710 CHANDELIER CIRCLE EAST 1 Independent Drive JACKSONVILLE FL 32225 Suite 100 Zip Code City Jacksonville 32202 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. ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE Delete TITLE ☐ Change Addition WOODALL, M. KEVIN NAME NAME CR2E034 STREET ADDRESS 1710 CHANDELIER CIRCLE EAST STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

02/25/02 Date

904-347-8005

FILED