CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000051852

1. Entity Name

LUCKY STRIKE M.K., INC.



04-16-2003 90227 041 ***150.00

FILED

Apr 16, 2003 8:00 am Secretary of State

Principal Place of Business 1100 PINE RIDGE ROAD NAPLES FL 34108

Mailing Address 1100 PINE RIDGE ROAD NAPLES FL 34108

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			
		Suite, Apt. #, etc.			
		City & State			
Zip	Country	Zip	Country		

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CHECK HEF	RE IF MAKING CHA	ANGES
4. FEI Number 59-36481	<u></u>	Applied For
39-3040 I	30	Not Applicable
5. Certificate of Status Desired		75 Additional Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Regi	sterea Ag	ent
Name	•	
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

CHEFFY, JANE YEAGER 2375 TAMIAMI TRAIL NORTH SUITE 310 NAPLES FL 34103 .			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
	named entity submits this statement for the purpions of registered agent.	ose of changing its reg	istered office or	registered age	nt, or both, in the State of Florida. I	am familiar	with, and	accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: Re	gistered Agent signatu	ire required when rein	nstating) D	ATE		
After A	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		\$5.00 (Added to	May Be Fees
10.	OFFICERS AND DIRECTO	PRS	11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN	111
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12. I hereby certify that the information supplied with his 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: