

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90098 041 ***150.00

DOCUMENT # P00000069943



1. Entity Name
CMK FINANCIAL CORPORATION

Principal Place of Business
**2877 SUTTON ESTATES CIRCLE NORTH
JACKSONVILLE FL 32223**

Mailing Address
**2877 SUTTON ESTATES CIRCLE NORTH
JACKSONVILLE FL 32223**

2. Principal Place of Business
830 Third Street S.

3. Mailing Address
830 Third Street S.

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Country

Zip
32250

Country

4. FEI Number
59-3656587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOVEY, CHARLES W
2877 SUTTON ESTATES CIRCLE NORTH
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOVEY, CHARLES W**
STREET ADDRESS **2877 SUTTON ESTATES CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ Delete
NAME **HOVEY, MARY A**
STREET ADDRESS **2877 SUTTON ESTATES CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2003

Date

904-242-4864

Daytime Phone #

CR2E034 (10/02)