9/6/01-9025

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-06-2001 90259 047 ***550.00

DOCUMENT # P00000108519

1. Entity Name
MSK, CORPORATION

Principal Place of Business	Mailing Address
316 N JOHN YOUNG PKWY STE 13 KISSIMMEE FL 34741	316 N JOHN YOUNG PKWY STE 13 KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Semoran Chevron	Semoran Chevron
Suite, Apt. #, etc.: 4500 S. Semoran Blvd.	Suite, Apt. #, etc.: 4500 S. Semoran Blvd
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32822 Country: USA	Zip: 32822 Country: USA

4. FEI Number: 59-3704806 ☐ 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
SCHWARTZ, JOHN 316 N JOHN YOUNG PKWY STE 13 KISSIMMEE FL 34741	Name: Kanapathipilai Sinnadurai Street Address (P.O. Box Number is Not Acceptable): Semoran Chevron 4500 S. Semoran Blvd City: Orlando FL Zip Code: 32822

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: Kanapathipilai Sinnadurai President 8-31-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SINNADURAI, KANAPATHIPILAI 316 N JOHN YOUNG PKWY STE 13 KISSIMMEE FL 34741	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SINNADURAI, MANO R 316 N JOHN YOUNG PKWY STE 13 KISSIMMEE FL 34741	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED KANAPATHIPILAI SINNADURAI PRESIDENT 8-31-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

407-249-9286