

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 020 ***150.00

DOCUMENT # P00000108519

1. Entity Name
MSK, CORPORATION



Principal Place of Business
**200 N COCOA BLVD.
COCOA FL 32922**

Mailing Address
**1090 LORING DR.
APT H
MERRITT ISLAND FL 32953**

2. Principal Place of Business
255 FORTENBERRY RD

3. Mailing Address
255 FORTENBERRY ROAD

Suite, Apt. #, etc.
SUITE B-4

Suite, Apt. #, etc.
SUITE B-4

City & State
MERRITT ISLAND FL

City & State
MERRITT ISLAND FL

Zip
FL 32952

Country

Zip
FL 32952

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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

**SINNADURAI, KANAPATHIPILAI
1090 LORING DR.
APT H
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name
SINNADURAI, KANAPATHIPILAI
Street Address (P.O. Box Number is Not Acceptable)
**255 FORTENBERRY ROAD
SUITE B-4**
City **MERRITT ISLAND FL** Zip Code **FL 32952**

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 *K. Sinnadurai* **K. SINNADURAI DP** **04-14-2003**
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SINNADURAI, KANAPATHIPILAI 1090 LORING DR. #H MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SINNADURAI, MANO R 1090 LORING DR. #H MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINNADURAI, KANAPATHIPILAI 255 FORTENBERRY ROAD, SUITE B-4 MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SINNADURAI, MANOR 255 FORTENBERRY ROAD, SUITE B-4 MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *K. Sinnadurai* **SINNADURAI DP** **04-14-2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)