

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90008 031 ***150.00

0490373 AV

DOCUMENT # P01000012345

1. Entity Name
MKC.SITWORK, INC.

Principal Place of Business

**1319 MIRAMAR STREET
SUITE 104
CAPE CORAL FL 33904**

Mailing Address

**1319 MIRAMAR STREET
SUITE 104
CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1072625

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLE, KURT J
1720 S W 51ST TERRACE
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

Kurt J. Cole

Street Address (P.O. Box Number is Not Acceptable)

225 SW 45th Street

City

Cape Coral

FL

Zip Code

33914

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: KURT J. COLE PRES.

1-6-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE PTD ☐ Delete
NAME COLE, KURT J
STREET ADDRESS 1720 S W 51ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE SD ☐ Delete
NAME COLE, MICHELLE L
STREET ADDRESS 1720 S W 51ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VD ☐ Delete
NAME CONNER, JOHN R
STREET ADDRESS 1720 S W 51ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 225 SW 45th STREET
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 225 SW 45th STREET
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2709 SW 21st Place
CITY-ST-ZIP CAPE CORAL, FL 33914

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-02

Date

641-549-0380

Daytime Phone #

CR2E034 (9/01)