

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

2/3

02-03-2003 90060 011 ***150.00

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

DOCUMENT # P02000030418

1. Entity Name
MARDESSA-K CORPORATION



Principal Place of Business
818 A1A NORTH
SUITE 207G
PONTE VERDA BEACH FL 32082

Mailing Address
1433 E. BARTLETT WAY
CHANDLER AZ 85249



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0416498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FENSTERMACHER, SCOTT
1655 THE GREENSWAY
APT. 2714
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Fenstermacher, Scott

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

1800 The Greensway

Unit # 1305

City Jacksonville Beach FL

Zip Code 32250

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] 1-31-03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HERNANDEZ, GREGORY P
STREET ADDRESS 818 A1A NORTH #207G
CITY-ST-ZIP PONTE VERDA BEACH FL 32082

☐ Delete

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NAME
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☐ Change

☐ 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:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-31-03 602-793-4694

Date

Daytime Phone #

CR2E034 (10/02)