

FILED
Jul 17, 2003 8:00 am
Secretary of State

06-16-2003 90147 044 ***150.00

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

DOCUMENT # *P02000060960*

1. Entity Name
MK Distributors Inc.



DO NOT WRITE IN THIS SPACE

55051493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
940 Yellow Rose Dr.

3. Mailing Address
940 Yellow Rose Dr.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
067639468

Applied For
Not Applicable

Zip
32818

Country
U.S.A.

Zip
32818

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mary Kelley

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

940 Yellow Rose Drive

City
Orlando

FL

Zip Code
32818

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
*President
Mary Kelley
940 Yellow Rose Dr. Orlando, FL
32818*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Kelley* *MARY Kelley* 6-4-03 3216951936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)