

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-30-2003 90148 026 ***150.00

DOCUMENT # P02000067303

1. Entity Name
MK2 CORPORATION



Principal Place of Business
**13655 BELCHER ROAD S.
LARGO FL 33771**

Mailing Address
**13655 BELCHER ROAD S.
LARGO FL 33771**



2. Principal Place of Business

3. Mailing Address

8300 US Highway 19
Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Port Richey FL

4. FEI Number

Applied For

82-0550836

Not Applicable

Zip **34668**

Country **USA**

Zip

Country

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

**KOCHINSKI, MICHAEL
13655 BELCHER ROAD S.
LARGO FL 33771**

Name

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

City

FL

Zip Code

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

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** ☐ Delete
NAME **KOCHINSKI, MICHAEL**
STREET ADDRESS **13655 BELCHER ROAD S.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **Kochinski, Michael**
STREET ADDRESS **13655 Belcher Rd S**
CITY-ST-ZIP **Largo FL 33771**

TITLE **D** ☐ Delete
NAME **BLACKLIDGE, KEVIN**
STREET ADDRESS **13655 BELCHER ROAD S.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **V/S/D** ☒ Change ☐ Addition
NAME **Blacklidge, Kevin**
STREET ADDRESS **13655 Belcher S**
CITY-ST-ZIP **Largo FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **MICHAEL KOCHINSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (727) 531-2260
Date Daytime Phone #

CP2E034 (10/02)