

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90764 040 ***150.00

DOCUMENT # P02000119850

1. Entity Name
EMK HOLDINGS, INC.



Principal Place of Business
**1621 BILOXI COURT
ORLANDO FL 32818**

Mailing Address
**1621 BILOXI COURT
ORLANDO FL 32818**

2. Principal Place of Business

5637 RED BUG LAKE RD

3. Mailing Address

5637 RED BUG LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

56-2302236

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DICKSON, RUSSELL K JR.
20 N. ORANGE AVENUE
SUITE 1500
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **ELENA M KLASING**

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

1621 BILOXI COURT

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 *Elena M KLASING*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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 **PT** ☐ Delete
NAME **KLASING, ELENA M**
STREET ADDRESS **1621 BILOXI COURT**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **VS** ☐ Delete
NAME **KLASING, MICHAEL A**
STREET ADDRESS **1621 BILOXI COURT**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *SIG ELENA M KLASING*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 407-699-8886

Date

Daytime Phone #

CR2E034 (10/02)