

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90319 045 ***150.00

0010320 AT

DOCUMENT # P02000129245

1. Entity Name
MKMB, INC.



Principal Place of Business
**685 CORTEZ AVE
BELLEAIR BLUFFS FL 33770**

Mailing Address
**685 CORTEZ AVE
BELLEAIR BLUFFS FL 33770**



2. Principal Place of Business

7650 Courtney Campbell Causeway

3. Mailing Address

7650 Courtney Campbell Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

285

285

City & State

City & State

TAMPA FLORIDA

TAMPA FLORIDA

Zip

Country

Zip

Country

33607

USA

33607

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3763039

Applied For

Not Applicable

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

GRANESE, ANTHONY P

685 CORTEZ AVE

BELLEAIR BLUFFS FL 33770

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 ☐ Delete
NAME **D**
STREET ADDRESS **PAPPAS, ELIAS J**
CITY-ST-ZIP **685 CORTEZ AVE
BELLEAIR BLUFFS FL 33770**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVENPORT, DANIEL A**
CITY-ST-ZIP **424 CENTERWOODS DR
TARPOON SPRINGS FL 34689**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

ELIAS J. PAPPAS

ELIAS J. PAPPAS

4-1-03

813-289-2813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)