

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90095 041 \*\*\*150.00

**DOCUMENT # P93000054577**

1. Entity Name

**M.K. TURF, INC.**

Principal Place of Business

**100 COSTA DEL SOL BLVD.  
 MIAMI, FL 33178  
 US**

Mailing Address

**10599 FAIRCHILD ROAD  
 SPRING HILL, FL 34608  
 US**

2. Principal Place of Business

**10599 Fairchild Rd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Spring Hill, FL**

City & State

Zip Country

**34608 Hernando**

4. FEI Number

**65-0427098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUSULIAK, KEN  
 12079 CORONADO DR.  
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Michael Kahanyshyn**  
 Street Address (P.O. Box Number is Not Acceptable) **10599 Fairchild Road**  
 City **Spring Hill** FL Zip Code **34608**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAHANYSHYN, MICHAEL</b>	
STREET ADDRESS	<b>100 COSTA DEL SOL BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Kahanyshyn, Michael</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10599 Fairchild Road</b>	
STREET ADDRESS	<b>Spring Hill, FL 34608</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)