

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034527

1. Entity Name

MKA & ASSOCIATES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90126 008 ***150.00

Principal Place of Business

8286 WESTERN WAY CIRCLE
C2B
JACKSONVILLE FL 32256
US

Mailing Address

8286 WESTERN WAY CIRCLE
C2B
JACKSONVILLE FL 32256-0369
US

2. Principal Place of Business

7751 Belfort PARKWAY

3. Mailing Address

7751 Belfort PARKWAY

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

JACKSONVILLE, FL 3

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3239252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR
SUITE 105
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

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, 2000 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 D ☐ Delete
NAME MASHEK, EDWARD R
STREET ADDRESS 8286 WESTERN WAY CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Delete
NAME KRAEMER, WALTER
STREET ADDRESS 8286 WESTERN WAY CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Delete
NAME ANDREWS, LORRAINE
STREET ADDRESS 8286 WESTERN WAY CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7751 Belfort Parkway, Suite 120
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7751 BELFORT PARKWAY, Ste 120
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7751 Belfort Parkway, Suite 120
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)