

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070253

1. Entity Name
M. K. C., INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90214 012 ***150.00

Principal Place of Business

10103 9TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33716
US

Mailing Address

10103 9TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33716
US

2. Principal Place of Business

4200 4th Street North

Suite, Apt. #, etc.

Suite D

City & State

St. Petersburg, FL

Zip

33703

Country

Pinellas

3. Mailing Address

P.O. Box 7697

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33734

Country

Pinellas

4. FEI Number 59-3269668

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

BARGER, JOANN E.
10103 9TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33716

Name

Joann E. Barger

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

4200 4th Street North

Suite D

City

St. Petersburg

FL

Zip Code

33703

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

Joann E. Barger

4-13-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARGER, JOANN E 10103 9TH STREET N SUITE A ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOYLE, DANIEL M JR. 10103 9TH STREET NORTH, SUITE A ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOANN E. BARGER 4200 4th Street North, Suite D St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIEL M. DOYLE, JR. 4200 4th Street North, Suite D St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joann E. Barger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

(727) 520-7711

Daytime Phone #

CR2E034 (10/00)