

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90018 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000029094			
1. Entity Name MKG CARE, INC.			
Principal Place of Business 6025 TROUBLE CREEK RD NEW PORT RICHEY FL 34653		Mailing Address 6025 TROUBLE CREEK RD NEW PORT RICHEY FL 34653	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3316222		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, GEORGE B III 6025 TROUBLE CREEK ROAD NEW PORT RICHEY FL 34653			
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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PTD	<input checked="" type="checkbox"/> Delete	
NAME	MORGAN, SUSAN L		
STREET ADDRESS	602 N MAYO DR		
CITY-ST-ZIP	CRYSTAL BEACH FL 34681		
TITLE	VSD	<input type="checkbox"/> Delete	
NAME	MORGAN, GEORGE B III		
STREET ADDRESS	6959 OLDGATE CIRCLE		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MORGAN, SAMUEL T		
STREET ADDRESS	6951 OLDGATE CIRCLE		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, SUSAN L.		
STREET ADDRESS	602 N. MAYO DR.		
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681.		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, SAMUEL T.		
STREET ADDRESS	6958 OLDGATE CIRCLE		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655.		
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: _____		Date 1-2-01 Daytime Phone # 727-847-3999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE B. MORGAN III			

CR2E034 (10/00)