

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000035934**

1. Entity Name

M.B.K. INVESTMENTS, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90230 020 ***150.00

0078824

Principal Place of Business

190 CATALINA ILES DR
190
MERRITT ISLAND FL 32953
US

Mailing Address

PO BOX 1484
CAPE CANAVERAL FL 32920**00050431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSEN, KIM H
307 ADAMS AVE.
CAPE CANAVERAL FL 32920

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ANDERSEN, KIM H									
	190 CATALINA ILES DR									
	CAPE CANAVERAL FL 32920									
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MCQUOID, BENJAMIN									
	190 CATALINA ILES DR									
	CAPE CANAVERAL FL 32920									
	VP			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MCQUOID, MARIAN									
	190 CATALINA ILES DR									
	CAPE CANAVERAL FL 32920									
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	GRIFFIN, CYNTHIA									
	190 CATALINA ILES DR									
	CAPE CANAVERAL FL 32920									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 (10/00)