

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075068

1. Entity Name

MKR ASSOCIATES, INC.

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90005 033 \*\*\*150.00

Principal Place of Business

2891 W. NEW HAVEN AVE.  
W. MELBOURNE FL 32904

Mailing Address

4095 EMBASSY DRIVE SE  
GRAND RAPIDS MI 49546  
US

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 59-3338571

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

ELSBERRY, MICHAEL V ESQ.  
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 N. EOLA DR.  
ORLANDO FL 32802

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

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 *See attached Change form*

(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!**  
**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

TITLE **R Receiver** ☐ Delete  
NAME **STENAER, PHILLIP S**  
STREET ADDRESS **4095 EMBASSY DRIVE SE**  
CITY-ST-ZIP **GRAND RAPIDS MI 49546**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 is 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)

Attachment Doc # P95000075068

Requester's Name  
Address  
City/State/Zip  
Phone #

P95000075068

20070718

500003509185-4  
-12/20/00-01078-002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy ☐ Certificate of State
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 DEC 21 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

Attachment Doc # IP95000075068

CL070718

**CERTIFICATE OF CHANGE OF  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
MKR ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **MKR ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

**MKR ASSOCIATES, INC.**

2. The name and address of the current registered agent is:

Michael V. Elsberry  
215 North Eola Drive  
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Change as of the 7<sup>th</sup> day of <sup>November</sup> ~~September~~, 2000.

**MKR ASSOCIATES, INC.**, a Florida corporation

By: 

Phillip S. Stenger, Receiver

**FILED**  
00 DEC 21 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Attachment Doc # 1930007168

00070718

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of MKR ASSOCIATES, INC.

CT Corporation System

By: Vicky Goldstein

Printed Name: VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY