

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90390 046 \*\*\*150.00

**DOCUMENT # P96000041347**

1. Entity Name  
**QWK-FIX PRODUCTS, INC.**

Principal Place of Business

**2120 SUNNYDALE BLVD  
 BOX 6  
 CLEARWATER FL 34625  
 US**

Mailing Address

**525 CASLER AVE.  
 CLEARWATER FL 34615**

2. Principal Place of Business

3. Mailing Address

**3284 CLOVER PLACE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM HARBOR, FL**

4. FEI Number

**59-3379725**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34684 PINELLAS**

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

**MCKENNA, KENNETH D  
 525 CASLER AVE.  
 CLEARWATER FL 34615**

Name

**MCKENNA, KENNETH D.**

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

**3284 CLOVER PLACE DRIVE**

City

**PALM HARBOR**

**FL**

Zip Code

**34684**

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]*

**V.P. (KENNETH D. MCKENNA)**

**04/10/02**

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCKENNA, BERTHA E</b>	
STREET ADDRESS	<b>525 CASLER AVE.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCKENNA, KENNETH D</b>	
STREET ADDRESS	<b>525 CASLER AVE.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCKENNA, SANDRA</b>	
STREET ADDRESS	<b>525 CASLER AVE.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
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		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENNA, BERTHA E</b>	
STREET ADDRESS	<b>3284 CLOVER PLACE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENNA, KENNETH D.</b>	
STREET ADDRESS	<b>3284 CLOVER PLACE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENNA, SANDRA</b>	
STREET ADDRESS	<b>3284 CLOVER PLACE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/02 727-784-5751**

Date

Daytime Phone #

CR2E034 (9/01)