

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90461 014 ***150.00

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DOCUMENT # P96000041347

1. Entity Name

QWK-FIX PRODUCTS, INC.



Principal Place of Business

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

Mailing Address

**3284 CLOVERPLACE DRIVE
PALM HARBOR FL 34684**

1100437



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

59-3379725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCKENNA, KENNETH D
3284 CLOVER PLACE DRIVE
PALM HARBOR FL 34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
REPORT D. MCKENNA V.P.

04/15/03

727-243-6717

Date

Daytime Phone #

CR2E034 (10/02)