Aug-30-01 10:55A

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
09-06-2001 90265 042 ***558.75

DOCUMENT # P96000083428

1. Entity Name
M. K. BLACK & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10263 GANDY BLVD #414 SAINT PETERSBURG FL 33702 US	2999 S. TAMIAMI TRL SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8345 Macoma Drive NE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Petersburg, FL	City & State
Zip: 33702 Country: USA	Zip Country

4. FEI Number 59-3404778 ☐ 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
BLACK, M K 10263 GANDY BLVD #414 SAINT PETERSBURG FL 33702	Name: Black, M K Street Address (P.O. Box Number is Not Acceptable): 8345 Macoma Dr. NE City: Saint Petersburg FL Zip Code: 33702

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: MK Black MK Black 8/31/01
Signature, typed or printed name of registered agent and title if applicable (NEW 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 $550.00 After September 12, 2001 Fee will be $760.00 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 NAME STREET ADDRESS CITY ST ZIP	P BLACK, M KYMBERLY 10263 GANDY BLVD #414 SAINT PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P Black, M Kymberly 8345 Macoma Dr. NE Saint Petersburg, FL 33702	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: MK Black MK Black 8/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date