

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90061 002 ***150.00

DOCUMENT # P96000083428

1. Entity Name

M. K. BLACK & ASSOCIATES, INC.

Principal Place of Business

**8345 MACONNA DRIVE NE
 SAINT PETERSBURG FL 33702
 US**

Mailing Address

**2999 S. TAMiami TRL
 SARASOTA FL 34239
 US**

2. Principal Place of Business

6940 PAN AMERICAN

3. Mailing Address

6161 9th ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

City & State

North Port

City & State

ST. PETERSBURG

4. FEI Number

59-3404778

Applied For

Not Applicable

Zip

Country

34287

Sarasota

Zip

Country

FLA 3370

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

BLACK, M K

8345 MACOMA DRIVE NE

SAINT PETERSBURG FL 33702

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

M. K. Black

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, 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 **P** ☐ Delete
 NAME **BLACK, KYMBERLY M**
 STREET ADDRESS **8345 MACOMA DRIVE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

M. K. Black **M. KYMBERLY BLACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(727) 521-0210

Daytime Phone #

CR2E034 (9/01)