

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 034 ***158.75

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DOCUMENT # P96000083428

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



Principal Place of Business
**6940 PAN AMERICAN
NORTH PORT FL 34287
US**

Mailing Address
**6161 9TH STREET NORTH
SUITE #201
SAINT PETERSBURG FL 33701
US**



2. Principal Place of Business

6161 9th St. N.

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

Zip

Zip

Country

33703

Pinellas

4. FEI Number **59-3404778**

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

**BLACK, M K
8345 MACOMA DRIVE NE
SAINT PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name
M. KYMBERLY BLACK

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

6161 9th St. N. Suite 201

City

ST. Petersburg

FL

Zip Code

33703

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

M. K. BLACK, President

4/29/03

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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

KyMBERLY BLACK

4/21/03

727-521-0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)