

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90229 033 ***150.00

DOCUMENT # **09700.0105764**

1. Entity Name

MKS Warehouse Enterprises, Inc.

Principal Place of Business

1100 Commercial Blvd., #112

Mailing Address

1100 Commercial Blvd.,
Naples, Florida 34104

C0082238

2. Principal Place of Business

1100 Commercial Blvd.

Suite, Apt. #, etc.

#112

City & State

Naples, Florida

Zip

34104

Country

US

3. Mailing Address

1100 Commercial Blvd.

Suite, Apt. #, etc.

#112

City & State

Naples, Florida

Zip

34104

Country

US

4. FEI Number

59-3483491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Martin D. Schmayer
260 Monterey Drive
Naples, FLorida 34119

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.

SIGNATURE

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, 2000: 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

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Martin D. Schmayer	
STREET ADDRESS	4375 Gordon Drive	
CITY-ST-ZIP	Naples, Florida 34102	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Sam Goodman	
STREET ADDRESS	260 Monterey Drive	
CITY-ST-ZIP	Naples, Florida 34119	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Goodman	
STREET ADDRESS	260 Monterey Drive	
CITY-ST-ZIP	Naples, Florida 34119	
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		
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: **Katherine Goodman** Katherine Goodman President 4/28/00 941-649-66664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)