

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096111

1. Entity Name

MBK REAL ESTATE SERVICES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90021 037 ***150.00

Principal Place of Business

1401 MANATEE AVE W
BRADENTON FL 34205

* Mailing Address

1401 MANATEE AVE W
~~110~~
BRADENTON FL 34205

2. Principal Place of Business

1401 MANATEE AVE W
Suite, Apt. #, etc.
SUITE 540

* 3. Mailing Address

1401 MANATEE AVE W
Suite, Apt. #, etc.
SUITE 540

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34205

Country

MANATEE

Zip

34205

Country

MANATEE

4. FEI Number

65-0875810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSELEY, THOMAS A
1724 MANATEE AVENUE WEST
BRADENTON FL 34205

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **MCKEITHEN, KENNETH C**
STREET ADDRESS **4903 1ST AVE. DR., NW**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ Delete
NAME **SMITH, D. BEMIS**
STREET ADDRESS **301 17TH STREET E**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ Delete
NAME **LIFSEY, TOMAS**
STREET ADDRESS **28 POINCIANA CIR**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH C. MCKEITHEN

7-11-00

Date

941-746-7777

Daytime Phone #

RECEIVED JUL 11 2000

CR2E034 (2/97)