

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006898

1. Entity Name

MKA, INC.

Principal Place of Business

121 CARISBROOKE STREET
OCOE FL 34761

Mailing Address

121 CARISBROOKE STREET
OCOE FL 34761-4706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MARY-LYNN M'GOWEN

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

121 CARISBROOKE ST

City

OCOE

FL

Zip

34761

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

MARY-LYNN M'GOWEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

MARY-LYNN M'GOWEN

3/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
MCCOURT, MARY-LYNN
121 CARISBROOKE STREET
OCOE FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT + TREASURER
MARY-LYNN M'GOWEN
121 CARISBROOKE ST
OCOE FL 34761

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V. PRES. & SEC
MICHAEL MCCOURT
121 CARISBROOKE ST
OCOE FL 34761

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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:

MARY-LYNN M'GOWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

407-877-0298

Daytime Phone #

CR20004 (0.00)