

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED

Jul 13, 2000 8:00 am  
Secretary of State

06-13-2000 90007 008 \*\*\*550.00

DOCUMENT # P99000051922

1. Entity Name

MKC AUDIOLOGY, INC.

R

Principal Place of Business

672-182ND AVENUE, EAST  
REDINGTON SHORES FL 33708

Mailing Address

672-182ND AVENUE, EAST  
REDINGTON SHORES FL 33708-1033

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3580128

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, MELISSA K  
672-182ND AVENUE, EAST  
REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name

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

3528 NW AVE

City MADEIRA BEACH

FL

Zip Code 33708

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  
NAME MELISSA K. CLARK  
STREET ADDRESS 672 182nd Ave  
CITY-ST-ZIP Redington Shores, Florida 33708

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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☐ 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:

Melissa K. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2000 727-398-2500

Date

Daytime Phone #

CR2 11.4 (3/ 0)