

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76625

1. Entity Name

M.A.K. ENTERPRISES OF GAINESVILLE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90091 048 ***150.00

Principal Place of Business

Mailing Address

194 S. NOVA RD
ORMOND BEACH FL 32174
US

P.O. BOX 730095
ORMOND BEACH FL 32173-0095

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

59-3084049

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

7. Name and Address of New Registered Agent

KROLL, RICHARD D
42 COQUINA RIDGE WAY
ORMOND BEACH FL 32174

Name KROLL, RICHARD D

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

27 SPRING MEADOWS DRIVE

City ORMOND BEACH

FL

Zip Code 32174

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

Richard D Kroll RICHARD D KROLL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KROLL, RICHARD D
STREET ADDRESS 42 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☒ Change ☐ Addition
NAME KROLL, RICHARD D
STREET ADDRESS 27 SPRINGMEADOWS DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V ☐ Delete
NAME KROLL, JUDITH T
STREET ADDRESS 42 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☒ Change ☐ Addition
NAME KROLL, RICHARD D
STREET ADDRESS 27 SPRINGMEADOWS DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard D Kroll RICHARD D KROLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 904/615-8066

CR2E034 (9/99)