2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95801

1. Entity Name

M R K INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8851 KING LEAR CT FT. MYERS FL 33908 US	8851 KING LEAR CT FT. MYERS FL 33908 US

D0029691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address *P.O. Box 1666*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State *Fort Myers, FL*	4. FEI Number **65-0301613** ☐ Applied For ☐ Not Applicable
Zip Country	Zip *33902* Country *U.S.A*	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, PAUL M
8851 KING LEAR CT
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name *JAMES L. HAGEN*

Street Address (P.O. Box Number is Not Acceptable) *10181 SIX MILE CYPRESS PARKWAY*

City *Fort Myers*   **FL**   Zip Code *33912*

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 _____ *JAMES L. HAGEN*   *3-27-01*

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, 2001 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	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KELLY, PAUL M.		NAME		
STREET ADDRESS	8851 KING LEAR CT		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KELLY, RUTH M.		NAME		
STREET ADDRESS	8851 KING LEAR CT		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

PAUL M. KELLY

CR2E034 (10/00)