

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90016 029 ***150.00

DOCUMENT # V13549

1. Entity Name

M R S K INVESTMENTS, INC.

Principal Place of Business

**HIGHWAY 308
 ST. RT. 1, BOX 550
 CRESCENT CITY FL 32112
 US**

Mailing Address

**STAR ROUTE 1, BOX 550
 CRESCENT CITY FL 32112**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

1315 County Rd 308

City & State

CRESCENT CITY FL

Zip

32112

Country

US

Suite, Apt., etc.

1315 County Rd 308

City & State

CRESCENT CITY FL

Zip

32112

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3107295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, WALTER R.
 STAR ROUTE 1, BOX 550
 CRESCENT CITY FL 32112**

7. Name and Address of New Registered Agent

Name **(Same) Walter R Harris**
 Street Address (P.O. Box Number is Not Acceptable) **1315 County Rd 308**
 City **CRESCENT CITY FL** Zip Code **32112**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HARRIS, WALTER R.	
STREET ADDRESS	STAR ROUTE 1, BOX 550	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, MARSHA L.	
STREET ADDRESS	STAR ROUTE 1, BOX 550	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2002 904-698-1169

CR2E034 (9/01)