

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 694496

FILED  
Mar 05, 2003  
Secretary of State

Entity Name: MARK OF EXCELLENCE, INC.

**Current Principal Place of Business:**

5433 W CRENSHAW ST  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5433 W CRENSHAW ST  
TAMPA, FL 33634 US

**New Mailing Address:**

FEI Number: 59-2472582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOYLE JOHN M.  
5433 W CRENSHAW ST  
TAMPA, FL 33634

**Name and Address of New Registered Agent:**

DOYLE, JOHN M  
5433 W CRENSHAW ST  
TAMPA, FL 33634

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: JOHN M. DOYLE

03/05/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAHONEY, MICHAEL J.  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

Title: V ( ) Delete  
Name: MAHONEY, STEPHEN D.  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

Title: VS ( ) Delete  
Name: DOYLE, JOHN M,  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

Title: V (X) Delete  
Name: DANIEL V MASSARO,  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

Title: V ( ) Delete  
Name: O'CONNOR, CHARLES C  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

Title: T (X) Delete  
Name: KIMBERLY WELLS,  
Address: 5433 W CRENSHAW ST  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. DOYLE

VS

03/05/2003

Electronic Signature of Signing Officer or Director

Date