

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90246 006 \*\*\*150.00

**DOCUMENT # P92000004949**

**1. Entity Name**  
**JAMARK OF SARASOTA, INC.**



**Principal Place of Business**  
**1530 DOLPHIN STREET**  
**SARASOTA FL 34236**

**Mailing Address**  
**1530 DOLPHIN STREET**  
**SARASOTA FL 34236**

**60013095**



**2. Principal Place of Business**  
**1500 N Washington Blvd**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**1500 N Washington Blvd**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
**Sarasota, Florida**  
Zip **34236** Country **USA**

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**Sarasota, Florida**  
Zip **34236** Country **USA**

**4. FEI Number** **65-0389701**

Applied For  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SERBIN, MARK J**  
**1241 DOCKSIDE PLACE**  
**SARASOTA FL 34242**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SERBIN, MARK</b>	
STREET ADDRESS	<b>1241 DOCKSIDE PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SERBIN, ROBIN C</b>	
STREET ADDRESS	<b>1241 DOCKSIDE PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Mark J. Serbin* **REQUIRE** **Mark J. Serbin 2-21-03 941-366-0755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)