

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90011 016 ***150.00

DOCUMENT # P93000010318

1. Entity Name

MARK DEBIASE, INCORPORATED

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD.
 SUITE ~~323-13~~ 303
 JACKSONVILLE FL 32225

9951 ATLANTIC BLVD.
 SUITE ~~323-13~~ 303
 JACKSONVILLE FL 32225-6579

C0003585



DO NOT WRITE IN THIS SPACE

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 **59-3168667**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBIASE, MARK
9951 ATLANTIC BLVD.
SUITE ~~323-13~~ 303
JACKSONVILLE FL 32225

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.

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, 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 Delete

P
DEBIASE, MARK
328 OCEANWALK DRIVE, N.
ATLANTIC BEACH FL

TITLE Change Addition

TITLE Delete

SCFO
DEBIASE, MYRA
328 OCEANWALK DRIVE, N.
ATLANTIC BEACH FL

TITLE Change Addition

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #