

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 003 ***150.00

DOCUMENT # P94000035865

1. Entity Name
MARK KRAEMER & ASSOCIATES, INC.

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| Principal Place of Business 8640 PHILIPS HWY 24 JACKSONVILLE FL 32256 US | Mailing Address 8640 PHILIPS HWY 24 JACKSONVILLE FL 32256-1209 US |
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|---|---|
| 2. Principal Place of Business 4651 SALISBURY RD Suite, Apt. #, etc. 195 City & State JACKSONVILLE FL | 3. Mailing Address 4651 SALISBURY RD Suite, Apt. #, etc. 195 City & State JACKSONVILLE FL |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------|----------------------|---------------------|----------------------|------------------------------------|--|
| Zip 32256 | Country US | Zip 32256 | Country US | 4. FEI Number 59-3239607 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------|----------------------|---------------------|----------------------|------------------------------------|--|

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| 6. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DR SUITE 105 JACKSONVILLE FL 32207 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRAEMER, MARK 2651 FOREST CIR JACKSONVILLE FL 32257 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EDWARDS, ROBERT J JR. 12914 HYLAND CIR. BOCA RATON FL 33428 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WESTON, STEVE 2486 COMFORT W. BLOOMFIELD MI 48323 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Mark B. Kraemer **REQUIRED** Date: 4/24/00 Daytime Phone #: 800-241-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)