## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 14, 2002 8:00 am § Secretary of State P99000061170 DOCUMENT # 1. Entity Name 05-14-2002 90294 038 \*\*\*150.00 BMARK, INC. Principal Place of Business lai ng Address 1579 AQUEDUCT LANE 1519 AQUEDUCT LANE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0986274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKEY, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 1519 AQUEDUCT LANE KEY LARGO FL 33037 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE **Change** ☐ Addition MARKOWITZ, ROBERT NAME NAME 7200 S.W. 137 = ST. MIAMI, FL. 33158 12601 S.DIXIE-HIGHWAY; SUITE-401A STREET ADDRESS STREET ADDRESS MIAMI-FL 33156 CITY-ST-7IP CITY-ST-ZIP TITLE VPD ☐ Delete ☐ Addition Change NAME MARKEY, BILL NAME STREET ADDRESS 1519 AQUEDUCT LANE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE Change MARKEY, JUDITH A NAME NAME STREET ADDRESS 1519 AQUEDUCT LANE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: /

STREET ADDRESS

NATURE AND TYPED OR PRINTED