

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59314

1. Entity Name
MARK MANAGEMENT, INC.

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

04-18-2000 90256 016 ***150.00

Principal Place of Business 980 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714	Mailing Address 980 MONTGOMERY RD 3 ALTAMONTE SPRINGS FL 32714-7431
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2. Principal Place of Business 491 N. S.R. 434	3. Mailing Address P.O. Box 160580
Suite, Apt. #, etc. Suite #125	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Altamonte Springs, FL	City & State Altamonte Springs, FL	4. FEI Number 59-2774603	Applied For <input type="checkbox"/> Not Applicable
Zip 32714	Country USA	Zip 32716-0580	Country USA

6. Name and Address of Current Registered Agent KANAGA, MERIDYTHE 980 MONTGOMERY ROAD SUITE 3 ALTAMONTE SPRINGS FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 491 N. S.R. 434, Suite 125 City Altamonte Springs FL Zip Code 32714	
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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 *Meridythe Kanaga* Meridythe Kanaga 4/13/00
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) <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 DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KANAGA, MERIDYTHE		NAME	
STREET ADDRESS 1176 BRANTLEY ESTATES DRIVE		STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KANAGA, RICK		NAME	
STREET ADDRESS 1176 BRANTLEY ESTATES DRIVE		STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Meridythe Kanaga* Meridythe Kanaga, Pres. 4/13/00 407/862-2292 ext 13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)