

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**  
 05-22-2000 90034 047 \*\*\*150.00

DOCUMENT # **P97000088154**  
 Entity Name **MARK ALEY CORPORATION, INC.**

Principal Place of Business      Mailing Address  
**240 Main Street**  
**Atlantic Beach, FL 32233**

**956360**

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3473231**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**Mark Aley**  
**240 Main Street**  
**Atlantic Beach, Florida 32233**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>DPT</b> <b>Mark A. Aley</b> <b>240 Main Street</b> <b>Atlantic Beach, FL 32233</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> <b>Karen L. Aley</b> <b>240 Main Street</b> <b>Atlantic Beach, FL 32233</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Aley      **Mark A. Aley, President**      Date: **4-28-00**      Daytime Phone #: **(904) 241-3139**

CR2E034 (9/99)