

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90163 028 \*\*\*150.00

**DOCUMENT # 165169**

1. Entity Name  
**THE MARK GROUP, INC.**

Principal Place of Business <b>6500 PARK OF COMMERCE BLVD NW          BOCA RATON FL 33487          US</b>	Mailing Address <b>6500 PARK OF COMMERCE BLVD NW          BOCA RATON FL 33487          US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-0652291</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KNIGHT, JR, NEAL W  
 321 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>	<b>SCHEEERER, PAUL, JR</b>	<b>SAG HARBOR INDUSTRIES SAG HARBOR, N Y 00000</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>S</b>	<b>KNIGHT, NEAL JR</b>	<b>321 ROYAL POINCIANA PL PALM BEACH, FL 00000</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>COB</b>	<b>TIERNAN, MICHAEL W</b>	<b>6500 PARK OF COMMERCE BLVD NW BOCA RATON FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>VT</b>	<b>MILLER, SETH</b>	<b>6500 PARK OF COMMERCE BL BOCA RATON FL 33487</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>V</b>	<b>KENNETH C. FISCHER</b>	<b>6500 PARK OF COMMERCE BL BOCA RATON, FL 33487</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *K Fischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (561) 241-1700  
 Date Daytime Phone #

CR2E034 (10/00)