

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90105 006 ***150.00

0435310 AV

DOCUMENT # 165169

1. Entity Name
THE MARK GROUP, INC.



Principal Place of Business
**6500 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487
US**

Mailing Address
**6500 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0652291**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	KNIGHT, NEAL JR	
STREET ADDRESS	321 ROYAL POINCIANA PL	
CITY-ST-ZIP	PALM BEACH, FL 00000	
TITLE	COB	<input type="checkbox"/> Delete
NAME	TIERNAN, MICHAEL W	
STREET ADDRESS	6500 PARK OF COMMERCE BLVD NW	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISCHER, KENNETH C	
STREET ADDRESS	6500 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03
Date

561-241-1700
Daytime Phone #

CR2E034 (10/02)