

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **315002**

1. Entity Name

**MARK & SON INC.****FILED****Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90008 033 \*\*\*550.00

Principal Place of Business

**2512 SE AMHERST**~~P O BOX 158~~**PT SALERNO FL 34992****US**

Mailing Address

**2512 AMHERST****P O BOX 158****PT SALERNO FL 34992****US**

2. Principal Place of Business:

**2512 SE AMHERST**

Suite, Apt. #, etc.

3. Mailing Address

**5200 N.W. 43 ST**

Suite, Apt. #, etc.

**SUITE 102-169**City & State  
**PT. SALERNO FLA**

Zip

Country

**USA**

City &amp; State

**GAINESVILLE, FLA**

Zip

**32606**

Country

**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1162137**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARK, ALLEN****2512 AMHERST ST.****STUART FL 34994**

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.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PVD** ☐ Delete  
NAME **MARK, ALLEN**  
STREET ADDRESS **2883 S.E. ST. LUCIE BLVD.**  
CITY-ST-ZIP **STUART FL**TITLE **PVD** ☒ Change ☐ Addition  
NAME **MARK, ALLEN**  
STREET ADDRESS **5200 N.W. 43 ST. SUITE 102-169**  
CITY-ST-ZIP **GAINESVILLE, FLA 32606**TITLE **S** ☐ Delete  
NAME **MARK, ALLEN**  
STREET ADDRESS **2883 S.E. ST. LUCIE BLVD.**  
CITY-ST-ZIP **STUART FL**TITLE **S** ☒ Change ☐ Addition  
NAME **MARK, ALLEN**  
STREET ADDRESS **5200 N.W. 43 ST SUITE 102-169**  
CITY-ST-ZIP **GAINESVILLE, FLA 32606**TITLE ☐ Delete  
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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:

**Allen Mark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/15/00**

Daytime Phone #

CR2E034 (5/00)