

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 385478

1. Entity Name

MARK V DISTRIBUTORS, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90098 033 ***150.00

Principal Place of Business

3443 HANCOCK BRIDGE PKWY
STE 302
FT MYERS FL 33903

Mailing Address

PO BOX 456
FT MYERS FL 33902-0456

2. Principal Place of Business

1601 JACKSON ST.

Suite, Apt. #, etc.

SUITE 201

City & State

FORT MYERS, FL

Zip

33901

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1354330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, MARGERUM
4890 CEDAR HAMMOCK
FT MYERS FL 33905

7. Name and Address of New Registered Agent

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 \$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**

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MARGERUM, VERA J.	
STREET ADDRESS	3471 RIBER RUN LN.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARGERUM, WM. G	
STREET ADDRESS	4890 CEDAR HAMMOCK CT. S.E.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONIN, THOMAS R	
STREET ADDRESS	PO BOX 6966	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, MAGGI L	
STREET ADDRESS	4281 RIVER GROVE LN	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 *WM GREGORY MARGERUM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

941/332-7756
Daytime Phone #

CR2E034 (9/99)