

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90103 023 \*\*\*550.00

0137886 AT

**DOCUMENT # 385478**

1. Entity Name  
**MARK V DISTRIBUTORS, INC.**



Principal Place of Business  
**1601 JACKSON ST  
STE201  
FORT MYERS FL 33901**

Mailing Address  
**PO BOX 456  
FT MYERS FL 33902**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1354330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/19/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE **C** ☐ Delete  
NAME **MARGERUM, VERA J.**  
STREET ADDRESS **3471 RIBER RUN LN.**  
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **P** ☐ Delete  
NAME **MARGERUM, WM. G**  
STREET ADDRESS **4890 CEDAR HAMMOCK CT. S.E.**  
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **D** ☐ Delete  
NAME **CRONIN, THOMAS R**  
STREET ADDRESS **PO BOX 6966**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☐ Delete  
NAME **MARTIN, MAGGI L**  
STREET ADDRESS **4281 RIVER GROVE LN**  
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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 a power of attorney.

SIGNATURE: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/03**

Date

**239/872-5215**

Daytime Phone #

CR2E034 (4/03)