

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-26-2002 90116 049 ***150.00

DOCUMENT # 422874

1. Entity Name

FRESH MARK CORPORATION

Principal Place of Business

622 E. MEYERS BLVD.
 MASCOTTE FL 34753
 US

Mailing Address

P.O. BOX 340
 MASCOTTE FL 34753
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1465909

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NICOLLE E. DANE
 441 DOMERICH DR
 MAITLAND FL 32751

8. The above named agent certifies 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, 2002 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 PD ☐ Delete
 NAME NICOLLE E. DANE
 STREET ADDRESS 441 DOMERICH DR
 CITY-ST-ZIP MAITLAND FL

TITLE M ☐ Delete
 NAME BOWERS, MICHAEL D
 STREET ADDRESS 12518 ELVIENTO
 CITY-ST-ZIP CLERMONT FL 34711

TITLE S ☐ Delete
 NAME BOWERS, REBECCA
 STREET ADDRESS 12518 ELVIENTO
 CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

352-429-4171

Daytime Phone #

CR2E034 (9/01)