## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # 580043** May 16, 2000 8:00 am Secretary of State MARK III INDUSTRIES, INC. 05-16-2000 90158 017 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 2525 5401 NW 44TH AVE. OCALA FL 34478-2525 OCALA FL 34478 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1837526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) DEAN AND DEAN, P.A. 230 NE 25TH AVE. OCALA FL 34470 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE LINCOLN, LARRY W NAME NAME 5401 N.W. 44TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Delete ☐ Change **X** Addition TITLE Alex SOROKIN 5401 NW 44TH AVE HUTSON, WILLIAM NAME STREET ADDRESS 5401 N.W. 44TH AVE. STREET ADDRESS GITY-ST-ZIP-QCALB, FLA CITY ST-ZIP OCALA-FL-☐ Change Addition TITLE Delete TITLE NAME MISCHIANTI, LOUIS J NAME METRO CENTER, ONE STATION PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALA, FA STAMFORD CT DVS Addition TITLE TITLE Delete RUBIN, PAUL A NAME NAME STREET ADDRESS METRO CENTER, ONE STATION PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT ☐ Change ☐ Addition TITLE **D**Delete TITLE MORRIS. ROBERT S NAME NAME METRO CENTER, ONE STATION PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAMFORD CT ☐ Change Addition TITLE TITLE Delete WESTGATE, STEVEN J NAME NAME 4235 SE 13 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 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