

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90158 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 580043

1. Entity Name
MARK III INDUSTRIES, INC.

Principal Place of Business Mailing Address
5401 NW 44TH AVE. **P.O. BOX 2525**
OCALA FL 34478 **OCALA FL 34478-2525**
US

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 **59-1837526** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DEAN, MICHAEL E
DEAN AND DEAN, P.A.
230 NE 25TH AVE.
OCALA FL 34470

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 _____ (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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LINCOLN, LARRY W 5401 N.W. 44TH AVE. OCALA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUTSON, WILLIAM 5401 N.W. 44TH AVE. OCALA FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alex Sorokin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5401 NW 44th Ave OCALA, FL 34478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CVT MISCHIANI, LOUIS J METRO CENTER, ONE STATION PLACE STAMFORD CT <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stephen Cooper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5401 NW 44th Ave OCALA, FL 34478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS RUBIN, PAUL A METRO CENTER, ONE STATION PLACE STAMFORD CT <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S Robert Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5401 NW 44th Ave OCALA, FL 34478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, ROBERT S METRO CENTER, ONE STATION PLACE STAMFORD CT <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WESTGATE, STEVEN J 4235 SE 13 ST OCALA FL 34471 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Robert Moore* as Secretary of Mark III Industries, Inc. Date: 4/25/00 Daytime Phone #: (352) 732 5878

CR2E034 (9/99)