

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90003 036 ***150.00

0354882

DOCUMENT # 694496

1. Entity Name

MARK OF EXCELLENCE, INC.

Principal Place of Business

**5433 W CRENSHAW ST
TAMPA FL 33634**

Mailing Address

**5433 W CRENSHAW ST
TAMPA FL 33634
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

59-2472582

Applie For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOYLE JOHN M.
5433 W CRENSHAW ST
TAMPA FL 33634**

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.

(NO Registered Agent's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MAHONEY, MICHAEL J.	
STREET ADDRESS	5433 N CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAHONEY, STEPHEN D	
STREET ADDRESS	5433 W CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DOYLE JOHN M	
STREET ADDRESS	5433 N CRENSHAW ST	W
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL V MASSARO	
STREET ADDRESS	5433 N CRENSHAW ST	W
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'CONNOR, CHARLES C	
STREET ADDRESS	5433 N CRENSHAW ST	W
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIMBERLY WELLS	
STREET ADDRESS	5433 N CRENSHAW ST	W
CITY-ST-ZIP	TAMPA FL 33634	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5433 W CRENSHAW
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 no 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

5/11/01 (813) 386 3444