

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

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2472582

Applic For

Not Applicable

Zip

Country

Zip

Country

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	5433 W CRENSHAW	
CITY-ST-ZIP		
TITLE		<input checked="" 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 any 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 empowerec

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/01 (813) 386 3444

CR2E034 (10/00)