FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am DOCUMENT # F98000000492 **Secretary of State** 1. Entity Name THE SAGEMARK COMPANIES LTD., INC. 01-30-2002 90030 041 ***158 Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD B0012860 STE. 100-W STE. 100-W **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1948 169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAHONEY, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD STE. 100-W **BOCA RATON FL 33431** City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SHAPIRO, THEODORE B NAME NAME STREET ADDRESS 2300 GLADES ROAD, STE. 100-W STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP THLE COB ☐ Delete TIT! F ☐ Change ☐ Addition NAME BRIGHT, EDWARD D NAME STREET ADDRESS 2300 GLADES ROAD, STE. 100-W STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE CFO-☐ Delete TITLE Change Addition NAME MAHONEY, GEORGE NAME 2300 GLADES ROAD, STE. 100-W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change Rubert L. Blessey NAME NAME associaces Koad. Ste. Iww STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 60ca hatun FL 33431 ☐ Delete TITLE ☐ Change Audition Dr. Stephen A. Schulman NAME NAME 2300 GLADES ROAD, Ste, 100-W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

MANUS RECOGESTATION WAS ASSESSED OF PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

1110102 561-447-0046