

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G37584

1. Entity Name

REKRAM, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90002 024 ***150.00

Principal Place of Business

770 SOUTH ORANGE BLOSSOM TRAIL
APOPKA FL 32703
US

Mailing Address

770 SOUTH ORANGE BLOSSOM TRAIL
APOPKA FL 32703-0538
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 775

POLK City FL

33868



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2289544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKER, ALVIN C

770 SOUTH ORANGE BLOSSOM TRAIL
APOPKA FL 32703

Name

Street Address P.O. Box Number (if Not Applicable)

685 CR 559A

City

Auburndale

FL

Zip Code

33823

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

Alvin C Marker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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	STD	<input type="checkbox"/> Delete
NAME	BRUNO, DEBRA M	
STREET ADDRESS	5557 BLOOMFIELD BLVD.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALVIN C MARKER	
STREET ADDRESS	P O BOX 775 N/A	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOBSON, JOYCE	
STREET ADDRESS	685 C.R. 559-A	
CITY-ST-ZIP	GROVELAND FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARKER, VICTOR	
STREET ADDRESS	16803 TUSCANOOGA ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 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:

Alvin C Marker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/23/00

Date

863 984-1416

Daytime Phone #