

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90091 012 ***550.00

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DOCUMENT # G40090

1. Entity Name
DAMARK, INC.



Principal Place of Business
**3691 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address
**3691 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

90156639



2. Principal Place of Business
3691 Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
3691 TAMiami TRAIL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL
Zip
33952
Country
USA

City & State
Port Charlotte, FL
Zip
33952
Country
USA

4. FEI Number **59-2291923**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOLPI, MARK
3691 TAMiami TR.
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **NONE**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark Volpi** PRESIDENT **DAMARK INC** 9/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLPI, MARK A 18879 ACKERMAN PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Mark Volpi** PRESIDENT **DAMARK, INC** 9/9/03 941 627-6226
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)