

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90041 021 ***158.75

DOCUMENT # G88829

1. Entity Name

MARKS HOLDING CO., INC.

Principal Place of Business

Mailing Address

~~24825 US 19 N~~
~~CLEARWATER FL 33763~~

~~24825 US 19 N~~
~~CLEARWATER FL 33763-3802~~

Box 2336
CLEARWATER, FL

2. Principal Place of Business

906 DRUID Rd W.

3. Mailing Address

33757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEARWATER FL

City & State

City & State

4. FEI Number

59-2396212

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

MARKS, KEN, JR

~~24825 US 19 N~~

~~CLEARWATER FL 33763~~

Name

Street Address (P.O. Box Number is Not Acceptable)

906 DRUID RD W.

CLEARWATER, FL 33756

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/10/00

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, 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 **PD** ☐ Delete
 NAME **MARKS, KEN JR.**
 STREET ADDRESS ~~24825 US 19 N~~
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **Box 2336**
 STREET ADDRESS **CLEARWATER, FL 33757**
 CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
 NAME **MARKS, MIKE J.**
 STREET ADDRESS ~~24825 US 19 N~~
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **Box 2336**
 STREET ADDRESS **CLEARWATER, FL 33757**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 empowerments.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 **727.560.1501**
 Date Daytime Phone #

CR2E034 (9/99)