2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G99187** Feb 20, 2000 8:00 am 1. Entity Name MARK NORDEN, P.A. **Secretary of State** 02-20-2000 90052 019 ***150.00 Principal Place of Business Mailing Address PO DRAWER 1529 % MARK NORDEN 2120 MCGREGOR BLVD. FORT MYERS FL 33902-1529 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 7228 Swan Lake Drive <u>Same as Above</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Pt. Myers, FL City & State 4. FEI Number Applied For City & State 59-2382731 Ft. Myers, FL Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33919 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORDEN, MARK NORDEN, MARK Street Address (P.O. Box Number is Not Acceptable) 7228 Swan Lake Drive 2120 MCGREGOR BLVD. FORT MYERS FL 33901 City FL 33919 Myers. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) 🔀 Change ☐ Addition PD ☐ Delete TITLE PD TITLE NORDEN, MARK NORDEN, MARK NAME NAME 7228 Swan Lake Drive STREET ADDRESS 2120 MCGREGOR BLVD. STREET ADDRESS Ft. Myers, FL 33919 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change [Addition ☐ Delete 〔 TITLE NAME 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 exercise of truetee appowered 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.

MARK NORDEN

GO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TY

2/14/00

(941)482-0247

Daytime Phone #