

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90323 011 ***158.75

0522970

DOCUMENT # J81307

1. Entity Name

ALL MARK PAVEMENT MARKING SYSTEMS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 290560
 TAMPA FL 33687

P.O. BOX 290560
 TAMPA FL 33687

2. Principal Place of Business

3752 COPELAND DRIVE

3. Mailing Address

3752 COPELAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

59-2828760

Applied For

Not Applicable

Zip

33540

Country

U.S.

Zip

33540

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BORNSTINE, KAREN
 12522 U.S. 301 NORTH
 #11
 THONOTOSASSA FL 33592**

7. Name and Address of New Registered Agent

Name

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

3752 COPELAND DRIVE

City

ZEPHYRHILLS

FL

Zip Code

33540

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 *Karen Bornstine* **KAREN BORNSTINE**

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

(NOTE: Registered Agent signature required when reinstating)

4-17-2001

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, 2001 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 ☐ Delete
 NAME **PTD. BORNSTINE, KAREN E.**
 STREET ADDRESS **2816 PEMBERTON CREEK DR.**
 CITY-ST-ZIP **SEFFNER FL**

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

TITLE ☐ Delete
 NAME **VS BORNSTINE, EDDY A.**
 STREET ADDRESS **2816 PEMBERTON CREEK DR.**
 CITY-ST-ZIP **SEFFNER FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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: *Karen Bornstine* **KAREN E. BORNSTINE** **4-17-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-783-6000

CR2E034 (10/00)