


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 031 ***150.00

DOCUMENT # **06159**

1. Entity Name
ALL MARK SYSTEMS, Inc.



DO NOT WRITE IN THIS SPACE

11040712

2. Principal Place of Business 501 N. ORLANDO AVE Suite, Apt. #, etc. 313-240 City & State WINTER PARK, FL Zip 32789 Country U.S.A.		3. Mailing Address 501 N. ORLANDO AVE Suite, Apt. #, etc. 313-240 City & State WINTER PARK, FL Zip 32789 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

FBI Number 59-2165849		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROBERT N. REYNOLDS**

Street Address (or Box Number is Not Applicable) **1881 Lee Road**

City **WINTER PARK** FL **32789**

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 **Robert N. Reynolds, Esq. (Corporate Counsel)** DATE **04-30-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.D. GLEN T. ROJAK 501 N. ORLANDO AVE. WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Glen T. Rojak Pres.** **GLEN T. ROJAK** Date **4/30/03** Daytime Phone # **386.763.0199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)