## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20796  1. Entity Name  MARK-1 ENTERPRISES, INC.					Apr 26, 2002 8:00 am Secretary of State 04-26-2002 90020 043 ***150.00			
Principal Place of Business  620 NW 35TH CT  FT LAUDERDALE FL 33309  Mailing Address  P.O. BOX 23954  FT. LAUDERDALE FL 33307						 Hin Bibir Bibir Gibir i	11 <b>2</b> 11 <b>1</b> 1011 1201	
2. Principal Place of Business 3. M		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	4. FEI Number 65-0046420 Applied For Not Applicable			
Zip 	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent  BLACKMON, ANITA 620 NW 35TH CT			Name Street Add	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33309			City		FL Zip Code			
8. The above 주. 독 SIGNATURE	e named entity submits this statement for signature, typed or printed name of registered agent a		registered office or re			TE		
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, 2002  Make Check Payable to				0.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLACKMON, ANITA 620 NW 35TH CT FT LAUDERDALE FL 33307	DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS  Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKMON, MARK 620 NW 35TH CT FT LAUDERDALE FL 33307	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street address City-St-Zip	V BLACKMON, WILLIAM R 620 NW 35TH CT FT LAUDERDALE FL 33307	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME ITREET AODRESS ITTY-ST-ZIP	erlify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

I nereby 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: WILL SIGNATURE AND THE BOARD OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR