

Check # 685

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90590

1. Entity Name

EASTMARK, INC.

Principal Place of Business

2301 N ATLANTIC AVE  
DAYTONA BEACH FL 32114

Mailing Address

2301 N ATLANTIC AVE  
DAYTONA BEACH FL 32118  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-2986945

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNAGAN, WALTER B.  
1141 S. RIDGEWOOD AVE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name MASON, Thomas M.

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

2301 North Atlantic Avenue

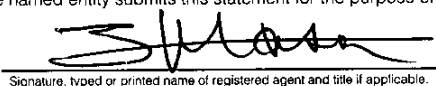
City Daytonz Beach

FL

Zip Code 32118

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



Thomas M. Mason, President

4 JAN 01

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

(NOTE: Registered Agent signature required when reinstating)

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

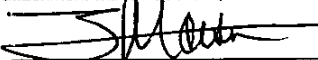
TITLE	PVD	<input type="checkbox"/> Delete
NAME	MASON, THOMAS M	
STREET ADDRESS	2301 NORTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MASON, THOMAS M	
STREET ADDRESS	2301 NORTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:



Thomas M. Mason, President

Date

Daytime Phone #

4 JAN 01 904 253-9678

CR2E034 (10/00)

0005901

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90060 049 \*\*\*158.75



DO NOT WRITE IN THIS SPACE