

2001 UNIFORM BUSINESS REPORT (UBR)

0005925 AF

DOCUMENT # L00000010564

1. Entity Name

MARK'S HOME AND OFFICE IMPROVEMENT & REPAIR, LLC

FILED

01 APR 13 PH 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4625 SEILSWAY
ORLANDO FL 32812

4625 SEILSWAY
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

4105 Fallwood Circle

4105 Fallwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-366 7946

Applied For

Not Applicable

Zip

Country

Orange

Zip

Country

Orange

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, MARK

4625 SEILSWAY

ORLANDO FL 32812

Name

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

4105 Fallwood Circle

City

Orlando

FL

Zip Code

32812

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004036128-1

-04/20/01--01038--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ^{mgr} ☐ Delete
NAME Mark Peterson
STREET ADDRESS 4105 Fallwood Circle
CITY-ST-ZIP Orlando, FL 32812

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

TITLE ^{member} ☐ Delete
NAME Kathryn M. Taylor
STREET ADDRESS 4105 Fallwood Circle
CITY-ST-ZIP Orlando, FL 32812

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-09-01

CR2E083 (11/00)