

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 017 ***150.00

DOCUMENT # L38684

1. Entity Name

MARK MANAGEMENT INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**980 MONTGOMERY RD #3
 ALTAMONTE SPRINGS FL 32714**

**980 MONTGOMERY RD #3
 ALTAMONTE SPRINGS FL 32714-7431**

2. Principal Place of Business

491 N. S.R. 434

3. Mailing Address

P.O. Box 160580

Suite, Apt. #, etc.

Suite 125

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
59-2982749

Applied For
 Not Applicable

Zip
32714

Country
USA

Zip
32716-0580

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANAGA, MERIDYTHE
~~980 MONTGOMERY RD.~~
~~SUITE 3~~
 ALTAMONTE SPRINGS FL 32714**

Name
 Street Address (P.O. Box Number is Not Acceptable)
491 N. S.R. 434
 Suite 125
 City **Altamonte Springs** **FL** Zip Code **32714**

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 *Meridythe Kanaga* Meridythe Kanaga 4/13/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KANAGA, RICK 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DST KANAGA, MERIDYTHE 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KANAGA, RYAN 380 S. SR 434 STE #1004-174 ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Meridythe Kanaga* Meridythe Kanaga, Treas. 4/13/00 407/862-2292 ext
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)