

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47501

1. Entity Name

MARK ROLNICK, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90488 011 ***150.00

Principal Place of Business

1002 N.W. 60 COURT
POMPANO BEACH FL 33076
US

Mailing Address

10002 NW 60 CT.
PARKLAND FL 33076

2. Principal Place of Business

10002 N.W. 60 Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

4. FEI Number 65-0171510

Applied For

Not Applicable

Zip 33076

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

ROLNICK, JULIE
1002 NW 60TH CT
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name ROLNICK, JULIE

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

10002 N.W. 60 Ct

City Parkland FL Zip Code 33076

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

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 DPT
NAME ROLNICK, MARK ☐ Delete
STREET ADDRESS 10002 N.W. 60TH COURT
CITY-ST-ZIP PARKLAND FL

TITLE DVS
NAME ROLNICK, JULIE ☐ Delete
STREET ADDRESS 10002 N.W. 60TH COURT
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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: Julie Rolnick UP 3/5/01 341-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0139989

CR2E034 (10/00)