

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44168

1. Entity Name

ST. MARK'S, A.C.A., INC.

Principal Place of Business

Mailing Address

2710 AIRPORT DR
VERO BCH. FL 32960
US

POST OFFICE BOX 6994
VERO BCH. FL 32961-6994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0289856

Applied For

Not Applicable

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

WARD, MICHAEL L
3055 CARDINAL DR SUITE 202
VERO BEACH FL 32963

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CHINAULT, SUSAN L
STREET ADDRESS 275 DALE PAUL ROAD
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE D ☐ Delete
NAME GRICE, ROBERT A
STREET ADDRESS 710 CANOE TRAIL
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE D ☐ Delete
NAME BOYD, EDWIN T
STREET ADDRESS 801 PEMBROKE COURT
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE DT ☐ Delete
NAME WINTERS, JOHN M
STREET ADDRESS 550 COCONUT PALM RD
CITY-ST-ZIP INDIAN RIVER SHS FL

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

TITLE DT ☒ Delete
NAME HUBBARD, BUCKLEY
STREET ADDRESS 290 SEA OAK DR
CITY-ST-ZIP VERO BCH FL

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

TITLE P ☐ Delete
NAME WARD, MICHAEL L
STREET ADDRESS 1709 26TH AVE
CITY-ST-ZIP VERO BEACH FL 32963

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 561 234 8400
Date Daytime Phone #

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90085 039 ****61.25



DO NOT WRITE IN THIS SPACE

0015176

CR2E037 (9/01)