

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002387

1. Entity Name

T. MARK DRAPER, INC.

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90077 023 \*\*\*150.00

Principal Place of Business

11457 SAN JOSE BLVD.  
SUITE 150  
JACKSONVILLE FL 32223-7256

Mailing Address

11457 SAN JOSE BLVD.  
SUITE 150  
JACKSONVILLE FL 32223-7256

2. Principal Place of Business

11457 San Jose Blvd  
Suite, Apt. #, etc.  
150

3. Mailing Address

9802 Baymeadows  
Suite, Apt. #, etc.  
12-150

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

3 2223

Country

USA

Zip

32256

Country

USA

4. FEI Number

91-2032748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOOD, LAURA  
% NATIONAL ACCOUNTING & MANAGEMENT SERVICE  
841 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name SUSAN MASDEA

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

4651 Monument Point Cir

City Jacksonville FL

FL

Zip Code

32225

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

*S. Masdea*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-30-01

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 *Director* ☐ Delete  
NAME *DAVIDONE SKY*  
STREET ADDRESS *11457 San Jose Blvd*  
CITY-ST-ZIP *Jacksonville, FL 32223-7256*

TITLE *Director* ☐ Delete  
NAME *Susan Masdea*  
STREET ADDRESS *4651 Monument Pt. Circle*  
CITY-ST-ZIP *Jacksonville, FL 32225*

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

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

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:

*S. Masdea* SUSAN MASDEA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/01

Daytime Phone #

904 703

4325

CR2E034 (10/00)