

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90161 015 \*\*\*150.00

**DOCUMENT # P00000004050**

1. Entity Name

**CARMARK.NET, INC.**

Principal Place of Business

Mailing Address

5008 MALLARDS PLACE  
 COCONUT CREEK FL 33073

5008 MALLARDS PLACE  
 COCONUT CREEK FL 33073

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

65-0974272

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

SEVERINO RODRIGUES

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

5008 MALLARDS PLACE

City

COCONUT CREEK

FL

Zip Code

33073

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

*Severino Rodrigues* **SEVERINO RODRIGUES**

4/30/01

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	PD	<input type="checkbox"/> Delete
NAME	CODDINGTON, JAMES	
STREET ADDRESS	5008 MALLARDS PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	RODRIGUES, SEVERINO	
STREET ADDRESS	5008 MALLARDS PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLINE, GREGORY	
STREET ADDRESS	5008 MALLARDS PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Severino Rodrigues* **SEVERINO RODRIGUES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

4/30/01 954-572-7373  
 Date Daytime Phone

CR2E034 (10/00)