

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000007797**1. Entity Name  
JON MARKS, INC.**Principal Place of Business**

10400 GRIFFIN RD., STE. 201

FT. LAUDERDALE  
33328

FL

**Mailing Address**

10400 GRIFFIN RD., STE. 201

FT. LAUDERDALE  
33328

FL

**2. Principal Place of Business**

10400 GRIFFIN RD., STE. 101

**3. Mailing Address**

10400 GRIFFIN RD., STE. 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

FT. LAUDERDALE

FL

**City & State**

FT. LAUDERDALE

FL

Zip  
33328

Country

Zip  
33328

Country

**4. FEI Number****65-0976570**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MANN ANDREW L.P.A.  
4300 N. UNIVERSITY DR., STE. C-203FT. LAUDERDALE  
33351

FL

US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ **01/05/2001**

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	D	<input type="checkbox"/> Delete
NAME	MANN ANDREW L.P.A.	
STREET ADDRESS	4300 N. UNIVERSITY DR., STE. C-203	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS JON	
STREET ADDRESS	10400 GRIFFIN ROAD, SUITE 101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	
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:** Jon Marks

D

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)