

20Q1 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90128 049 ***150.00

A0061902

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000000 41996

1. Entity Name

D. Mark Rauth, Inc.

Principal Place of Business

Mailing Address

8838 Pine Bay Court
 Orlando, FL 32825

3355 W. Bearss Ave.
 Tampa, FL 33618

2. Principal Place of Business

8838 Pine Bay Court

Suite, Apt. #, etc.

3. Mailing Address

3355 W. Bearss Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

US

City & State

Tampa, FL

Zip

33618

Country

US

4. FEI Number

59-3641884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Walter Sanders
 3355 W. Bearss Ave.
 Tampa, FL 33618

7. Name and Address of New Registered Agent

Name

Sanders, Walter

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

3355 W. Bearss Ave

City

Tampa

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

4/19/01

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

(NOTE: Registered Agent signature required when re-instating)

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	Rauth, Denn Mark	
STREET ADDRESS	8838 Pine Bay Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
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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: x

D Mark Rauth

DENN MARK RAUTH

4/23/01

407 658 0961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)