

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91499 022 ***150.00

DOCUMENT # P00000115261

1. Entity Name
ALIGNMARK, INC.



Principal Place of Business
**1057 MAITLAND CENTER COMMOS BLVD
SUITE 200
MAITLAND FL 32751**

Mailing Address
**1057 MAITLAND CENTER COMMOS BLVD
SUITE 200
MAITLAND FL 32751**



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 **59-3686385**

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

**BERKSON, GARY M
1132 SYMONDS AVENUE
WINTER PARK FL 32789**

Name
Gary M. Berkson
Street Address (P.O. Box Number is Not Acceptable)
Moran & Shams, P.A. Attorneys at Law
111 North Orange Avenue Suite 1200
City **Orlando** **FL** Zip Code **32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/12/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | |
|-------|------|---------------------|---|---------------------------------|-------|------|----------------|-----------------|---|
| | C | JAFFEE, CABOT L SR. | 951 COTTONTAIL LANE MAITLAND FL 32751 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | P | JAFFEE, CABOT L | 850 BRIGHTWATER CIRCLE MAITLAND FL 32751 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | TS | BLACKMORE, LAURA | 1621 MAYFIELD AVE WINTER PARK FL 32789 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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

Date **4/24/03**

Daytime Phone #

06/7/03 FP

CR2E034 (10/02)