

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90271 027 \*\*\*150.00

**DOCUMENT #** P01000060577

**1. Entity Name**

**MARDY'S WITZ END INC.**

**Principal Place of Business**

11250 OLD ST. AUGUSTINE RD. #15-171  
JACKSONVILLE FL 32257

**Mailing Address**

11250 OLD ST. AUGUSTINE RD. #15-171  
JACKSONVILLE FL 32257

**2. Principal Place of Business**

11018-138018 ST. AUGUSTINE RD.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

JACKSONVILLE, FL

**Zip**

32257

**Country**

U.S.A.

**Country**

**4. FEI Number**

59-3723906

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAIMOWITZ, MARK A**

3900 OLDFIELD CROSSING DR, APT 815  
JACKSONVILLE FL 32223

**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**

*[Signature]*

MARK A. HAIMOWITZ

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4-12-02

**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, 2002 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** ☐ Delete  
**NAME** D  
**STREET ADDRESS** HAIMOWITZ, MARK A  
**CITY-ST-ZIP** 3900 OLDFIELD CROSSING DR, APT 815  
JACKSONVILLE FL 32223

**TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** DIRSA, TRUDY G  
**CITY-ST-ZIP** 3900 OLDFIELD CROSSING DR, APT 815  
JACKSONVILLE FL 32223

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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**

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**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. HAIMOWITZ

**Date**

**Daytime Phone #**

4-12-02 904-260-1849

CR2E034 (9/01)