2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P01000107400

Entity Name: HIGH MARK ASSOCIATES, INC.

Current Principal Place of Business:

500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3755329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, MARK R
500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WELLS, MARK R	
Address:	500 S. FLORIDA AVE., STE. 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:	PD	( ) Delete
Name:	STELK, RANDY	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:	DV	( ) Delete
Name:	PENNACHIO, JOHN	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:	T	( ) Delete
Name:	FITTERMAN, BARRY	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	(X) Delete
Name:	KEAVENEY, FRANCIS	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:	S	(X) Delete
Name:	HOLDER, SHERRY	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HOLDER, SHERRY	
Address:	500 S. FLORIDA AVE., SUITE 400	
City-St-Zip:	LAKELAND, FL 33801	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WELLS PD 04/23/2003

Electronic Signature of Signing Officer or Director — Date