

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91899 049 ***150.00

DOCUMENT # **P01000113338**

1. Entity Name

General Marks, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

519 Cleveland St.

Suite, Apt. #, etc.

101

City & State

Clearwater FL

Zip

33755

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3759361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lyons, Gary

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

311 South Missouri Ave

City

Clearwater

FL

Zip Code

33756

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jonansson, HAKAN DIP
24 N. Ft. Harrison Ave
Clearwater FL 33755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP/S/T
Jonansson, Gabriella
24 N. Ft. Harrison Ave.
Clearwater, FL 33755**

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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(727) 446-7126

Daytime Phone #

CR2E034B (12/02)