

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90092 044 ***150.00

0503437 AV

DOCUMENT # P02000080683

1. Entity Name
MARK AND MARTI'S INC.



Principal Place of Business
6210 LAKE LUTHER RD
LAKELAND FL 33805

Mailing Address
6210 LAKE LUTHER RD
LAKELAND FL 33805

2. Principal Place of Business
6210 Lake Luther Rd
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

Zip
33805

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESWICK, MARK
6210 LAKE LUTHER RD
LAKELAND FL 33805

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. 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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRES
MARK BESWICK
6210 LAKE LUTHER RD
LAKELAND, FL
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
VP
MARTI BESWICK
6210 LAKE LUTHER RD
LAKELAND, FL 33805
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
SEC
MARY BESWICK
6210 Lake Luther Rd
LAKELAND, FL 33805
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BESWICK

4/27/03

863 682-2817

Date

Daytime Phone #

CR2E034 (10/02)