2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000106531

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| ntity Name TIONMARK CONSTR | UCTION, INC. | |
|----------------------------|-----------------|-------|
| ipal Place of Business | Mailing Address | NE WE |

FILED 03 JUL 14 PM 14: 18 SECRETARY OF STATE

| | | | ng Address O Croom Rital Roa Oksville fl 34602 | | | | | | | |
|---|---|----------------------|---|-----------|--|--|---|------------------------------|--------------|--|
| 2. Principal Place of Business | | 3. Ma | 3. Mailing Address | | | | 1 (46)(49) (1) (66)(4 (14)) (60)((60))(1 8)(4) | 41611 QC114 61194 E1100 | | |
| Suite, Apt. #, etc | | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State City & State | | | | 4. | FEI Number | | oplied For ot Applicable | | | |
| Zip | Country | Zip | Zip Cour | | try | 5. | Certificate of Status Desired | / @0.7F · · | ditional | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name . | | | | | | |
| THOMAS, DAVID 11130 CROOM RITAL ROAD | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BROOKSV | TLLE FL 34602 | | | • | | | | | | |
| | | | | City | City FL Zip Code | | | | | |
| | | t for the purp | oose of changing its r | egistere | ed office or re | egistered ag | gent, or both, in the State of Florida. I | am familiar with, | and accept | |
| the obligat | ons of registered agent. | | | | | | | | ! | |
| SIGNATURE . | Signature, typed or printed name of registered ag | ent and title if pro | olicable (NOTE: | Banistara | d Agent signature | required when | vainetation | ATE | | |
| | _ | OW ELIO MIG II ADI |) | ragisters | - Agent signature | | Tenrocating) | | | |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | | | Election Campaign Financing Trust Fund Contribution. | · _ \\ | 0 May Be I to Fees | | |
| 10. | OFFICERS AN | ND DIRECTO | I DRS | 11. | | ĀI | DDITIONS/CHANGES TO OFFICERS | AND DIRECTORS | 3 IN 11 | |
| TITLE | D | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | THOMAS, DAVID 11130 CROOM RITAL ROAD | | | MAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | BROOKSVILLE FL 34602 | | | II - | ET ADDRESS -ST-ZIP | | | | | |
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| CITY-ST-ZIP | - Alf - Al - A - A - A - A - A - A - A - A - | hi n | | | ST-ZIP | | | | | |
| • I a. Thereby C | ermy mai me information supplied v | vim unis tiling | ques not quality for t | u ie exer | uption stated | ıın section | 119.07(3)(i), Florida Statutes. I furthe | it certify that the in | itormation] | |

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 addgess, with all other like empowered.

SIGNATURE:

WEATHRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-799-7003

Daytime Phone #

NationMark Construction, Inc. 11130 Croom Rital Road Brooksville, FL 34602 352-799-7003 Phone 352-799-6611 Fax

July 9, 2003

Justin Shivers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Late Filing of Business Report for NationMark Construction, Inc.

Dear Mr. Shivers:

Please find the properly executed documents from the incomplete January submission of the Business Report and the current form received recently. As was discussed on the phone, I did not respond to the notice in January since the check had been cashed and I assumed that this payment had not been posted when the notice was mailed. Obviously, this was not the case. Please forgive my oversight and accept the adjusted form without penalty.

Sincerely,

David A. Thomas, President