FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90221 006 ***150.00

DOCUMENT # P06000053061

1. Entity Name
Mark Dobkowski Guide Service, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2723 PINE TREE DR	2723 PINE TREE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EDGEWATER FL	City & State: EDGEWATER FL
Zip: 32141 Country: VOLUSIA	Zip: 32141 Country: VOLUSIA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 34-1985411 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK DOBKOWSKI

Street Address (P.O. Box Number is Not Acceptable): 2723 PINE TREE DR

City: EDGEWATER FL Zip Code: 32141

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: Mark Dobkowski 4/21/06
Signature required for the registered agent and title if applicable. NOTE: Registered Agent's signature required when changing agent. 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	PRESIDENT	TITLE	
NAME	MARK DOBKOWSKI	NAME	
STREET ADDRESS	2723 PINE TREE DR	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all changes empowered.

SIGNATURE: Mark Dobkowski MARK DOBKOWSKI 4/21/06 3866898539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #