

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90246 006 ***150.00

DOCUMENT # P92000004949

1. Entity Name
JAMARK OF SARASOTA, INC.



Principal Place of Business
1530 DOLPHIN STREET
SARASOTA FL 34236

Mailing Address
1530 DOLPHIN STREET
SARASOTA FL 34236

60013095



2. Principal Place of Business

1500 N Washington Blvd
Suite, Apt. #, etc.

3. Mailing Address

1500 N Washington Blvd
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number **65-0389701**

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
34236

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERBIN, MARK J
1241 DOCKSIDE PLACE
SARASOTA FL 34242

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ **Delete**
NAME **SERBIN, MARK**
STREET ADDRESS **1241 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **VD** ☐ **Delete**
NAME **SERBIN, ROBIN C**
STREET ADDRESS **1241 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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: *Mark J. Serbin* **REQUIRE** **Mark J. Serbin** **2-21-03** **941-366-0755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)