

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90034 028 ***150.00

DOCUMENT # P92000015455

1. Entity Name

MARK 1 SYSTEMS CORP.

Principal Place of Business

Mailing Address

GLADES RD
113
RATON FL 33431

P.O. BOX 1809
OCALA FL 34478-1809
US

2. Principal Place of Business

3. Mailing Address

1111 NE 25TH AVENUE

Suite, Apt. #, etc.

SUITE 402

City & State

OCALA FL

Zip

34470

Country

USA

4. FEI Number

65-0376636

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DES JARDINS, MARK J
5535 NE 4TH AVE
OCALA FL 34479

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MR	TITLE	
NAME	DES JARDINS, MARK J	NAME	
STREET ADDRESS	5535 NE 4TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34479	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

MARK J. DES JARDINS

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/2000

Daytime Phone #

352-622-8270

CR2E034 (9/99)