

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015455

1. Entity Name
MARK 1 SYSTEMS CORP.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90267 028 ***150.00

Principal Place of Business

1111 NE 25TH AVE
STE 402
OCALA FL 34470
US

Mailing Address

P.O. BOX 1809
OCALA FL 34478
US

2. Principal Place of Business

1650 SE 111 COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

MORRISTON FL

City & State

Zip

Country

32668

USA

Zip

Country

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

7. Name and Address of New Registered Agent

Name DES JARDINS, MARK J.

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

1650 SE 111 COURT

City

MORRISTON

FL

Zip Code

32668

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 *Mark J. Des Jardins, CEO* MARK J. DES JARDINS, CEO

1/23/2001

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, 2001 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

TITLE	MR	<input type="checkbox"/> Delete
NAME	DES JARDINS, MARK J	
STREET ADDRESS	5535 NE 4TH AVE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DES JARDINS, MARK J.	
STREET ADDRESS	1650 SE 111 COURT	
CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mark J. Des Jardins, CEO MARK J. DES JARDINS, CEO

Date

1/23/2001

Daytime Phone #

352-486-6711

CR2E034 (10/00)