

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91351 045 ***150.00

DOCUMENT # P93000088775**1. Entity Name**
MARKESTEYN JEWELERS OF CENTRAL FLORIDA, INC.**Principal Place of Business****422 N BUMBY
ORLANDO FL 32803****Mailing Address****422 N BUMBY
ORLANDO FL 32803****2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number 59-3223379****Applied For****Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BATEMAN, CAROL H
407 WEKIVA SPRINGS ROAD
SUITE 229
LONGWOOD FL 32779****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, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** ☐ **Delete**
NAME **PD**
STREET ADDRESS **INSLEY, BONNIE**
CITY-ST-ZIP **422 N. BUMBY**
ORLANDO FL 32803**TITLE** ☐ **Delete**
NAME **VST**
STREET ADDRESS **INSLEY, BONNIE**
CITY-ST-ZIP **422 N. BUMBY**
ORLANDO FL 32803**TITLE** ☐ **Delete**
NAME **D**
STREET ADDRESS **MARKESTEYN, JOHN**
CITY-ST-ZIP **422 N. BUMBY**
ORLANDO FL 32803**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **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:****Bonnie Isley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 27, 2001**
Date**407 894-6117**
Daytime Phone #

CR2E034 (10/00)