

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035865

1. Entity Name

MARK KRAEMER & ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 003 ***150.00

Principal Place of Business

8640 PHILIPS HWY
24
JACKSONVILLE FL 32256
US

Mailing Address

8640 PHILIPS HWY
24
JACKSONVILLE FL 32256-1209
US

2. Principal Place of Business

4651 SALISBURY RD

Suite, Apt. #, etc.
195

City & State
JACKSONVILLE FL

Zip
32256

Country
US

3. Mailing Address

4651 SALISBURY RD

Suite, Apt. #, etc.
195

City & State
JACKSONVILLE FL

Zip
32256

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3239607

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

ELEFANT, FRED
1650 PRUDENTIAL DR
SUITE 105
JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME KRAEMER, MARK
STREET ADDRESS 2651 FOREST CIR
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete
NAME VP
EDWARDS, ROBERT J JR.
STREET ADDRESS 12914 HYLAND CIR.
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE ☐ Delete
NAME WESTON, STEVE
STREET ADDRESS 2486 COMFORT
CITY-ST-ZIP W. BLOOMFIELD MI 48323

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Mark B. Kraemer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK B. KRAEMER

4/24/00 800-241-1601

Date

Daytime Phone #

CR2E034 (9/99)