

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90048 029 ***158.75

DOCUMENT # P94000084991

1. Entity Name
1001 MARK, INC.



Principal Place of Business
**8324 INTERNATIONAL DR
SUITE A
ORLANDO FL 32819
US**

Mailing Address
**5281 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746
US**

30006071



2. Principal Place of Business

3. Mailing Address

8324 International Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite "A"

City & State

City & State

Orlando, FL

Zip

Country

US

Zip

32819

Country

US

4. FEI Number

59-3309255

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

**SOLOMON, HANI K
749 S. WESTMORELAND DR.
ORLANDO FL 32805**

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

1/7/03

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SOLOMON, HANI K**
STREET ADDRESS **749 S. WESTMORELAND DR.**
CITY-ST-ZIP **ORLANDO FL 32805**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2722 Park Royal Dr.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

407-352-0772

Daytime Phone #

CR2E034 (10/02)