

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000014609**

1. Entity Name

MARK TECHNOLOGIES, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90020 015 ***150.00

Principal Place of Business

Mailing Address

141 GENE JOHNSON ROAD
SAINT AUGUSTINE FL 32086POST OFFICE BOX 3845
SAINT AUGUSTINE FL 33414-8696

A0010736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1603 Hawthorne Place

3. Mailing Address

1603 Hawthorne Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

59-3295451

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLS, ROBERT R
141 GENE JOHNSON RD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

ROBERT R. HILLS

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

1603 Hawthorne Place

City

Wellington

FL

Zip Code

33414

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HILLS, ROBERT R
STREET ADDRESS 141 GENE JOHNSON RD
CITY-ST-ZIP ST AUGUSTINE FL 32086TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME HILLS, ROBERT R.
STREET ADDRESS 1603 Hawthorne Place
CITY-ST-ZIP Wellington, FL 33414TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000 (561) 798-0199