

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90020 015 \*\*\*150.00

**DOCUMENT # P95000014609**  
 1. Entity Name  
**MARK TECHNOLOGIES, INC.**

Principal Place of Business 141 GENE JOHNSON ROAD SAINT AUGUSTINE FL 32086	Mailing Address POST OFFICE BOX 3845 SAINT AUGUSTINE FL 33414-8696
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A0010736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1603 Hawthorne Place</i>	3. Mailing Address <i>1603 Hawthorne Pl</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Wellington, FL</i>	City & State <i>Wellington, FL</i>
Zip <i>33414</i> Country <i>USA</i>	Zip <i>33414</i> Country <i>USA</i>

4. FEI Number <b>59-3295451</b>	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILLS, ROBERT R</b> <b>141 GENE JOHNSON RD</b> <b>ST AUGUSTINE FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>HILLS, ROBERT R.</i> <i>1603 Hawthorne Place</i> <i>Wellington, FL 33414</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date *1/14/2000* (561) 798-0199 Daytime Phone #