NV 5053UN

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025471

1. Entity Name

THE MARK PALMER COMPANY



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90295 043 ***150.00

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	ce of Business	Mailing Address									
144 INDUSTRI UNIT D	AL LOOP, SOUTH	144 INDUSTRIAL LOOP. SOUTH UNIT D									
ORANGE PAR	K FL 32065	ORANGE PARK FL 32065				I HERBITER DE DES INICE RATA RECIE CONT	EBTIL BOXED (COR	O DOME BIDGE I	CO DA 1980 AD 64		
US	US	Was Adda						BBB HBH III			
	Place of Business - GB FINOUS RIAL	3. Majling Address B Endustrial La			00	\mathcal{N}	E() 6	1 DIGEL DINGLES	9881 1181 FABT		
LOP	N .	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ige Parek	Oity & State OCAW 92	RKF	4.	FEI Number 59-3336169			plied For t Applicable	-		
	Country 4.	32073	COL	ZZ	5.	. Certificate of Status Desired		3.75 Add e Require			
	6. Name and Address of Current	Registered Agent	Managara		Name and Address of New Re	istered Ag	ent	· - ·	┩╌		
DALLED MADICAL					Name						
PALMER, MARK H 993 MARBLERIDGE DRIVE				Street Address (P.O. Box Number is Not Acceptable)]	
ORANGE							ļ				
				City			FL	Zip Cod	e		
8. The above named entity submits this statement of 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 the name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
F	ILE NOW!!!_FEE_IS_\$150.00		•							1	
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND		11.		A	 ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	S IN 11	┨	
TITLE	D	☐ Delete	TITLE			3	_	Change	Addition	18	
NAME	PALMER, MARK H		NAMI							3	
STREET ADDRESS CITY-ST-ZIP	993 MARBLERIDGE DRIVE ORANGE PARK FL			ET ADDRESS -ST-ZIP						3	
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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 true eeging 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 a particle, with all other like empowered.

SIGNATURES

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #