

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91084 001 *1,350.00

0467803 AV

DOCUMENT # P95000089418

1. Entity Name

HIGH MARK TRANSPORTATION, INC.

Principal Place of Business

**500 S FLORIDA AVE
 4TH FLOOR
 LAKELAND FL 33801**

Mailing Address

**500 S FLORIDA AVE
 4TH FLOOR
 LAKELAND FL 33801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3356919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Peter Munson

Street Address (P.O. Box Numbers Not Acceptable)

500 S. FLA. AVE

Suite 240

City

Lakeland,

FL

Zip Code

33801

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

Peter Munson

3/14/02

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, 2002 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	DVP	<input type="checkbox"/> Delete
NAME	HART, JOHN B	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANK, C DALE	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WELLS, MARK R	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	FITTERMAN, BARRY M	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

TREASURER

3/14/02

Date

Daytime Phone #

CR2E034 (9/01)