

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2002 91084 001 *1,350.00

0467805 AV

DOCUMENT # P96000022938

1. Entity Name

HIGH MARK PRODUCTIONS, 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

Zip

Country

Zip

Country

4. FEI Number

59-3374917

Applied For

Not Applicable

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 Number is Not Acceptable) **500 S FLA Ave**
 City **St 240 Lakeland FL 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

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	PD	<input type="checkbox"/> Delete
NAME	HART, JOHN B.	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	HART, LITA G.	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	EV	<input type="checkbox"/> Delete
NAME	WELLS, MARK R	
STREET ADDRESS	500 S. FLORIDA AVE., 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FITTERMAN, BARRY M	
STREET ADDRESS	500 S. FLORIDA AVE., #400	
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
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
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:

Mark R Wells
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

863-284-1181
 Daytime Phone

CR2E034 (9/01)