

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90119 032 ***150.00

DOCUMENT # P96000023214

1. Entity Name

~~KEN MARKS AUTO SALON, INCORPORATED~~

4 ON 4, Com, Inc

Principal Place of Business

Mailing Address

192 BAISDEN RD
JACKSONVILLE FL 32218

192 BAISDEN RD
JACKSONVILLE FL 32218

2. Principal Place of Business

5900 TOWNSEND RD

3. Mailing Address

5900 TOWNSEND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32244

Country USA

USA

Zip

32244

Country USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, KENNETH L
192 BAISDEN RD
JACKSONVILLE FL 32218

Name

MARKS, KENNETH L
Street Address (P.O. Box Number is Not Acceptable)
5900 TOWNSEND RD #722

City

JACKSONVILLE FL Zip Code 32244

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

Kenneth L. MARKS P.

DATE

3-5-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARKS, KENNETH L	
STREET ADDRESS	3053 MIKRIS DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARKS, PATRICIA L	
STREET ADDRESS	3053 MIKRIS DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, KENNETH L	
STREET ADDRESS	5900 TOWNSEND RD #722	
CITY-ST-ZIP	JAX. FL 32244	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, PATRICIA L	
STREET ADDRESS	5900 TOWNSEND RD #722	
CITY-ST-ZIP	JAX FL 32244	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-01 714-4440

CR2E034 (10/00)