

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90034 047 \*\*\*150.00

RECEIVED

DOCUMENT # P96000084854

1. Entity Name

MARK ENTERPRISES, INC.

Principal Place of Business

~~840 S COLLIER BLVD #1601~~  
~~MARCO ISLAND FL 34145~~  
 190 BRAMPTON LANE  
 NAPLES, FL 34104

Mailing Address

~~840 S COLLIER BLVD #1601~~  
~~MARCO ISLAND FL 34145~~  
 190 BRAMPTON LANE  
 34104

2. Principal Place of Business

190 BRAMPTON LANE

Suite, Apt. #, etc.

3. Mailing Address

190 BRAMPTON LANE

Suite, Apt. #, etc.

City &amp; State

NAPLES FL

City &amp; State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

38-3051203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HYMAN, ALLEN A

~~840 S COLLIER BLVD #1601~~ 190 BRAMPTON LANE  
~~MARCO ISLAND FL 34145~~ NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Allen A Hyman*  
 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 ☐ Delete  
 NAME P  
 STREET ADDRESS HYMAN, MARK S  
 CITY-ST-ZIP ~~840 S COLLIER BLVD, #1601~~  
~~MARCO ISLANDS FL 34145~~

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 190 BRAMPTON LANE  
 CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE:

*Mark S Hyman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 941 304 0017

Date

Daytime Phone #

CR2E034 (9/01)