

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90048 012 \*\*\*158.75

**DOCUMENT # P97000026162**

1. Entity Name  
**2002 MARK, INC.**



Principal Place of Business  
**5281 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746**

Mailing Address  
**5281 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746**

**90006088**



2. Principal Place of Business

**8324 International Dr.**  
Suite, Apt. #, etc.  
**A**

3. Mailing Address

**8324 International Dr.**  
Suite, Apt. #, etc.  
**A**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**  
Zip  
**32819**

City & State  
**Orlando, FL**  
Zip  
**32819**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOLOMON, HANI K**  
**5281 W IRLO BRONSON MEMORIAL HWY**  
**KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **Hani K. Solomon**  
Street Address (P.O. Box Number is Not Acceptable)  
**8324 International Dr.**  
**Ste 'A'**  
City **Orlando** FL Zip Code **32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SOLOMON, HANI K**  
STREET ADDRESS **5281 W IRLO BRONSON MEMORIAL HWY**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 trustee empowered 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03**

Date

**407-352-0772**

Daytime Phone #

CR2E034 (10/02)