

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033371

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

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90267 014 \*\*\*550.00

Principal Place of Business  
**401 CHEVRON CIRCLE  
JUPITER FL 33458**

Mailing Address  
**401 CHEVRON CIRCLE  
JUPITER FL 33458**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**401 CHEVRON CIRCLE**

3. Mailing Address  
**401 CHEVRON CIRCLE**

Suite, Apt. #, etc.

City & State  
**JUPITER FL**

City & State  
**JUPITER, FL**

4. FEI Number **65-0746637**

Applied For  
 Not Applicable

Zip **33458** Country **U.S.A**

Zip **33458** Country **USA**

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

6. Name and Address of Current Registered Agent

**ORBERG, MARK  
401 CHEVRON CIRCLE  
JUPITER FL 33458**

7. Name and Address of Now 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ORBERG, MARK</b>	
STREET ADDRESS <b>401 CHEVRON CIRCLE</b>	
CITY-ST-ZIP <b>JUPITER FL 33458</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>ORBERG, LORI</b>	
STREET ADDRESS <b>401 CHEVRON CIRCLE</b>	
CITY-ST-ZIP <b>JUPITER FL 33458</b>	
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	

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	

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 M. ORBERG** 3/10/00 714-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #