

2001 UNIFORM BUSINESS REPORT (UBR)

Paige

C-1019

DOCUMENT # P97000039245

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 AM 9:42

1. Entity Name
RYMARK, INC.

Principal Place of Business

Mailing Address

920 NW PINE
OCALA FL 34475

920 NW PINE
OCALA FL 34475

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 **59-3536944**

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

7. Name and Address of New Registered Agent

DONLAN, MARK
4603 SE 39 COURT
OCALA FL 33480

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDTD DONLAN, MARK 4603 SE 39 STREET OCALA FL 34480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
800004568988--4 -09/05/01--01013--003 ***150.00 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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 S. Donlan
Mark S. DONLAN

01-04-01 352-622-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachments

pg 2 of 2

AUTO MART OF OCALA

920 NW PINE AVE.

OCALA, FL. 34475

352-622-1222

352-622-1903 FAX

P97000039245

August 16, 2001

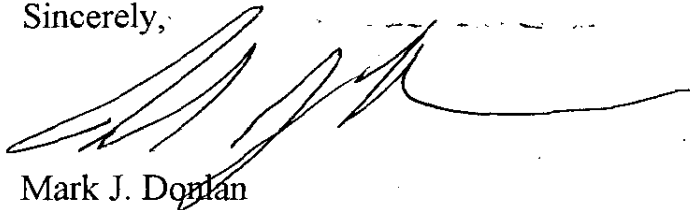
RE: 2001 Uniform Business Report (UBR)

Document # P97000039245

Dear Sirs;

Enclosed please find my Uniform Business Report. I would like to take a moment to explain the circumstances surrounding the fact that this report was not returned before May 1, 2001. In February I lost my bookkeeper to Breast Cancer. Two months later my accountant curtailed her business leaving me to find a new accountant. It was my understanding that this report had been filed in January when it was originally signed. Due to the sequence of events I did not realize it had not been filed until today when we were reorganizing our filing system and found the form. Please take these circumstances into consideration. I have taken certain measures to assure this will not happen in the future.

Sincerely,



Mark J. Donlan
President

MJD/tmn

Encl: UBR, CK#7095