

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 015 ***150.00

DOCUMENT # P97000069810

1. Entity Name

MARK MANAGEMENT INSURANCE AGENCY, INC.

Principal Place of Business

**980 MONTGOMEY ROAD. #3
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**980 MONTGOMEY ROAD. #3
 ALTAMONTE SPRINGS FL 32714-7431**

2. Principal Place of Business
491 N. S.R. 434

3. Mailing Address
P.O. Box 160580

Suite, Apt. #, etc.
Suite #125

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number **59-3463313**

Applied For
 Not Applicable

Zip Country
32714 USA

Zip Country
32716-0580 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANAGA, MERIDYTHE
~~980 MONTGOMEY ROAD, #3
 ALTAMONTE SPRINGS FL 32714~~**

Name
 Street Address (P.O. Box Number is Not Acceptable)
491 N. S.R. 434, Suite 125
 City **Altamonte Springs** **FL** Zip Code **32714**

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 *Meridythe Kanaga*
Signature, typed or printed name of registered agent and title, if applicable.

Meridythe Kanaga

4/13/00

(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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KANAGA, RYAN ZACHARY	
STREET ADDRESS	380 S. SR 434, STE 1004-174	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANAGA, RICK	
STREET ADDRESS	1176 BRANTLEY ESTATES	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANAGA, MERIDYTHE	
STREET ADDRESS	1176 BRANTLEY ESTATES	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Meridythe Kanaga* **Meridythe Kanaga, Treas.** **4/13/00** **407/862-2292 ext 13**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)