

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101465

1. Entity Name

MARK D. BARTH, P.A.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90054 044 ***150.00

Principal Place of Business

Mailing Address

7800 SOUTHLAND BLVD
102
ORLANDO FL 32809
US

P.O. BOX 771662
ORLANDO FL 32877-1662
US

2. Principal Place of Business

11455 S. ORANGE BLOSSOM TR

3. Mailing Address

Suite, Apt. #, etc.
11

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3479519

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTH, MARK D
7800 SOUTHLAND BLVD
102
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

BARTH, MARK D.

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

11455 S. ORANGE BLOSSOM TRAIL
11

City

ORLANDO

FL

Zip Code

32837

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

1/5/00

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

TITLE PD
NAME BARTH, MARK D ESQ
STREET ADDRESS 7600 SOUTHLAND BOULEVARD #100-319
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE SVD
NAME BARTH, MARK D ESQ
STREET ADDRESS 7600 SOUTHLAND BOULEVARD #100-319
CITY-ST-ZIP ORLANDO FL-32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 11455 S. ORT #11
CITY-ST-ZIP ORLANDO FL 32837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 11455 S.O.B.T #11
CITY-ST-ZIP ORLANDO FL 32837 ☒ Change ☐ Addition

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

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

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

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00

407 812-4242

CR2000 7/0001