## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000042450 MARK W. GARRETT, P.A. 04-25-2001 90379 008 \*\*\*150.00 Principal Place of Business Mailing Address 1850 LEE ROAD 1850 LEE ROAD SUITE 210 SUITE 210 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-6509806 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARRETT, MARK W Street Address (P.O. Box Number is Not Acceptable) 2425 LEE ROAD 1850 Lee Road, Suite 210 WINTER PARK FL 32789 Zip Code Winter Park 32789 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and clocts to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) D. President ☐ Delete TITLE Vice Pres TITLE Teresa Garrett GARRETT, MARK W NAME NAME 1353 Anduhin Rd STREET ADDRESS 1850 LEE RD SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 F132751 ☐ Change Addition ☐ Delete SIGN NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Delete THILE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ΉĭLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IS ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS 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). Fiorida 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 eath; 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.