

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046208

1. Entity Name

MARK DOUGLAS BUILDERS, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90011 043 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1158 N. FAIRWAY DR.~~  
~~APOPKA FL 32712~~

~~1158 N. FAIRWAY DR.~~  
~~APOPKA FL 32712-2134~~

2. Principal Place of Business

1567 GOLFSIDE VILLAGE BLVD.

3. Mailing Address

1567 GOLFSIDE VILLAGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

U.S.A.

Zip

32712

Country

U.S.A.

4. FEI Number

59-3510485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, DOUGLAS  
1158 N. FAIRWAY DR.  
APOPKA FL 32712

(ADDRESS  
CHANGE  
ONLY)

7. Name and Address of New Registered Agent

Name

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

1562 GOLFSIDE VILLAGE BLVD

City

APOPKA

FL

Zip Code

32712

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS CHADWICK, DOUGLAS  
CITY-ST-ZIP 1562 GOLFSIDE VILLAGE BLVD.  
APOPKA FL 32712

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS ZAREMSKAS, MARK  
CITY-ST-ZIP 1158 N. FAIRWAY DR.  
APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1567 GOLFSIDE VILLAGE BLVD.  
CITY-ST-ZIP APOPKA, FL 32712

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

Daytime Phone #

CR2E034 (9/99)