

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90952 005 ***150.00

DOCUMENT # P98000046208

1. Entity Name
MARK DOUGLAS BUILDERS, INC.



Principal Place of Business
1567 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712
US

Mailing Address
1567 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712
US



2. Principal Place of Business
1455 LEXINGTON PARKWAY

3. Mailing Address
1455 LEXINGTON PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
APOPKA, FL

City & State
APOPKA, FL

4. FEI Number **59-3510485**

Applied For

Not Applicable

Zip **32712**

Country
ORANGE

Zip **32712**

Country
ORANGE

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

6. Name and Address of Current Registered Agent

CHADWICK, DOUGLAS
1562 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name
CHADWICK, DOUGLAS
Street Address (P.O. Box Number is Not Acceptable)
1090 ORANGE GROVE LANE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
VP
NAME
ZAREMSKAS, MARK
STREET ADDRESS
1567 GOLFSIDE VILLAGE BLVD
CITY-ST-ZIP
APOPKA FL 32712 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS
1090 ORANGE GROVE LANE
CITY-ST-ZIP
APOPKA, FL 32712 ☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS
1455 LEXINGTON PARKWAY
CITY-ST-ZIP
APOPKA, FL 32712 ☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 **407-894-4647**
Date Daytime Phone #

CR2E034 (10/02)