

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066127

1. Entity Name

ALMARK CONSTRUCTION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90360 049 ***158.75

Principal Place of Business

4185 W LAKE MARY BLVD
#101
LAKE MARY FL 32746

Mailing Address

4185 W LAKE MARY BLVD
#101
LAKE MARY FL 32746

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 BENNETT DR.
Suite, Apt. #, etc.
SUITE # 121

3. Mailing Address

1225 BENNETT DR.
Suite, Apt. #, etc.
SUITE # 121

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FFI Number

59-3522911

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

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

6. Name and Address of Current Registered Agent

PESTER, MARK
1225 BENNETT DR
#114
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

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

1225 BENNETT DR

#121

City

LONGWOOD

State

Zip Code

32750

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]

4-20-01

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent Signature required when re-registering)

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 \$180.00
After MAY 1, 2001 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	PCEO	☐ Delete
NAME	PESTER, MARK	
STREET ADDRESS	317 BENNETT DR	
CITY-STATE-ZIP	SANFORD IL 32773	
TITLE	VPCO	☒ Delete
NAME	GRONERT, ALBERT	
STREET ADDRESS	755 OAKLAND CIR., #213	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE	VPC	☐ Delete
NAME	SANDERS, WALTER J	
STREET ADDRESS	296 LESLIE LN	
CITY-STATE-ZIP	LAKE MARY FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	☒ Change ☐ Addition
NAME	PESTER, MARK	
STREET ADDRESS	1225 BENNETT DR. #121	
CITY-STATE-ZIP	LONGWOOD, FL 32750	
TITLE	VPC	☒ Change ☐ Addition
NAME	SANDERS, WALTER J.	
STREET ADDRESS	1225 BENNETT DR #121	
CITY-STATE-ZIP	LONGWOOD, FL 32750	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

(407) 925-3900

Date

Telephone Number

CR2E034 (10/00)