

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90139 048 ***550.00

001488 AV

DOCUMENT # P98000066127

1. Entity Name
ALMARK CONSTRUCTION, INC.



Principal Place of Business
**2636 W HWY 434
STE 112
LONGWOOD FL 32779**

Mailing Address
**2636 W HWY 434
STE 112
LONGWOOD FL 32779**



2. Principal Place of Business
1225 BENNETT DR.

3. Mailing Address
1225 BENNETT DR.

Suite, Apt. #, etc.
SUITE 121

Suite, Apt. #, etc.
SUITE 121

City & State
LONGWOOD FL

City & State
LONGWOOD FL

4. FEI Number **59-3522911**

Applied For
Not Applicable

Zip Country
32750 SEMINOLE

Zip Country
32750 SEMINOLE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PESTER, MARK
2636 W HWY 434
STE 112
LONGWOOD FL 32779**

Name
MARK PESTER
Street Address (P.O. Box Number is Not Acceptable)
**1225 BENNETT DR.
SUITE 121
City LONGWOOD FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **MARK PESTER - PRESIDENT** 9/1/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PESTER, MARK 2636 W HWY 434 STE 112 LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PESTER, MARK 1225 BENNETT DR, SUITE 121 LONGWOOD, FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARK PESTER - PRESIDENT** 9/1/03 (407) 265-3190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)