

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034115

1. Entity Name

EDMAR REALTY GROUP, INC.

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90008 014 \*\*\*150.00

Principal Place of Business

Mailing Address

436 W NEW YORK AVENUE  
 DELAND FL 32720

436 W NEW YORK AVENUE  
 DELAND FL 32720-5349

2. Principal Place of Business

436 W. New York Ave

Suite, Apt. #, etc.

3. Mailing Address

436 W. New York Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland, FL

Zip

32720

Country

Volusia

City & State

Deland, FL

Zip

32720

Country

Volusia

4. FEI Number

59-3569200

Applied For

Not Applicable

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

SEPE, MARK  
 436 W NEW YORK AVENUE  
 DELAND FL 32720

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SEPE, MARK  
 CITY-ST-ZIP 436 W NEW YORK AVENUE  
 DELAND FL 32720

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SEPE, MARK  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000  
 Date

(904) 734-0382  
 Daytime Phone #

CR2E034 (9/99)