

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035281

1. Entity Name

EDMAR REALTY GROUP II, INC.

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

05-20-2000 90008 013 \*\*\*150.00

Principal Place of Business

436 W. NEW YORK AVENUE  
DELAND FL 32720

Mailing Address

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

City & State

DELAND, FL

4. FEI Number

59-3571017

Applied For

Not Applicable

Zip

32720

Country

FLORIDA

Zip

32720

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEPE, MARK  
436 W. NEW YORK AVENUE  
DELAND FL 32720

7. Name and Address of New Registered Agent

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

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

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

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  
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

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:

MARK SEPE

APRIL 27, 2000

Date

(904) 734-0382

Daytime Phone #

CR2E034 (9/99)