

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000068971**

1. Entity Name  
**CHARISMARK, INC**  
**123 EGRET DRIVE**  
**JUPITER FL 33458**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90010 049 \*\*\*150.00

Principal Place of Business  
**123 Egret Drive**  
**Jupiter FL 33458**

Mailing Address  
**123 Egret Drive**  
**Jupiter FL 33458**

2. Principal Place of Business  
**6 Latham Hill Rd**

3. Mailing Address  
**6 Latham Hill Rd**

City & State  
**Columbia CT**

City & State  
**Columbia CT**

Zip  
**06237**

Country  
**USA**

Zip  
**06237**

Country  
**USA**

4. FEI Number  
**65-0942358**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**Jones, Paige C.**  
**4243 Mark Street**  
**Tequesta FL 33469**

## 7. Name and Address of New Registered Agent

Name  
**Florida Incorporators, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1221 Brickell Ave.**

**Suite 900**

City  
**Miami**

FL Zip Code  
**33131**

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 **Mark Hankins** **Mark Hankins, President** **4/20/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <b>Charles R. Cromar Jr</b> <b>123 Egret Drive</b> <b>Jupiter FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <b>Janice C. Cromar</b> <b>123 Egret Drive</b> <b>Jupiter FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Treasurer</b> <b>Paige C. Jones</b> <b>4243 Mark Street</b> <b>Tequesta FL 33469</b>	<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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2615 Aspen St</b> <b>Philadelphia PA 19103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2615 Aspen St</b> <b>Philadelphia PA 19103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6 Latham Hill Rd</b> <b>Columbia CT 06237</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Paige C. Jones** **Sec/Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/00** **860-228-7531**

Date Daytime Phone #

CR2E034 (9/99)