

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069465

1. Entity Name

JONMARK PROPERTIES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90097 046 \*\*\*150.00

Principal Place of Business

1289 DREAM AVE  
 WEST PALM BEACH FL 33406

Mailing Address

1289 DREAM AVE  
 WEST PALM BEACH FL 33406-4828

2. Principal Place of Business

1354 WILLOW RD

Suite, Apt. #, etc.

3. Mailing Address

1354 WILLOW RD

Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL

Zip 33406

Country PALM BCH

City & State

WEST PALM BCH

Zip 33406

Country PALM BCH

4. FEI Number

65-0953028

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

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 D ☐ Delete  
 NAME BOSLAND, BARBARA  
 STREET ADDRESS 1289 DREAM AVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☐ Delete  
 NAME BOSLAND, JOHN  
 STREET ADDRESS 1289 DREAM AVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☐ Delete  
 NAME TERLEP, MARK  
 STREET ADDRESS 1289 DREAM AVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE PRES ☒ Change ☐ Addition  
 NAME TERLEP, MARK  
 STREET ADDRESS 1354 WILLOW RD  
 CITY-ST-ZIP WEST PALM BCH, FL 33406

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

561  
 358-0844

Daytime Phone #

CR2E034 (9/99)