

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089326

1. Entity Name

MARK RODRIGUEZ, INC

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90144 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1339 HILLCREST AVE S.  
CLEARWATER FL 33756

1339 HILLCREST AVE S.  
CLEARWATER, FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603188

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

MARK RODRIGUEZ  
1339 HILLCREST AVE S.  
CLEARWATER FL 33756

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: MAY 19, 2000

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 ☐ Delete  
MARK RODRIGUEZ  
STREET ADDRESS 1339 HILLCREST AVE S.  
CITY-STATE-ZIP CLEARWATER, FL 33756

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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 RODRIGUEZ

MARK RODRIGUEZ PRES

4/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #