

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90376 026 \*\*\*150.00

**DOCUMENT # P99000089326**

1. Entity Name  
**MARK RODRIGUEZ, INC.**

Principal Place of Business Mailing Address  
**1339 HILLCREST AVE..S.** **1339 HILLCREST AVE..S.**  
**CLEARWATER FL 33756** **CLEARWATER FL 33756**

2. Principal Place of Business 3. Mailing Address  
**3946 Oak Pointe Dr.** **3946 Oak Pointe Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lady Lake FL** **Lady Lake FL**  
 Zip Country Zip Country  
**32159 Lake** **32159 Lake**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603188** Is this correct? ☒ Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARK**  
**1339 HILLCREST AVE..S.**  
**CLEARWATER FL 33756**

## 7. Name and Address of New Registered Agent

Name **Mark Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable) **3946 Oak Pointe Drive**  
 City **Lady Lake** FL Zip Code **32159**

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 Rodriguez**  
 Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent: signature required when reinstalling)

**4/1/01**  
 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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, MARK</b>
STREET ADDRESS	<b>1339 HILLCREST AVE..S.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rodriguez, Mark</b>
STREET ADDRESS	<b>3946 Oak Pointe Dr.</b>
CITY-ST-ZIP	<b>Lady Lake, FL 32159</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Rodriguez** **Mark Rodriguez** **4/1/01** **352-753-9009**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)