

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090137

1. Entity Name

CHECKMARK SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90186 034 ***158.75

Principal Place of Business

Mailing Address

2401 NE 36TH ST., #207
LIGHTHOUSE POINT FL 33064

2401 NE 36TH ST., #207
LIGHTHOUSE POINT FL 33064-8178

2. Principal Place of Business

141 NW 46th Ct.

Suite, Apt. #, etc.

3. Mailing Address

141 NW 46th Ct.

Suite, Apt. #, etc.

City & State

Fort LAUDERDALE, FL

City & State

Fort LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0954680

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

PYE, THOMAS G ESQ.
2787 E. OAKLAND PARK BLVD., STE. 301
FT. LAUDERDALE FL 33306

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 PD
NAME LAFONTAINE, MARK
STREET ADDRESS 2401 NE 36TH ST., #207
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

☐ Delete

TITLE VS
NAME LAFONTAINE, RONALD
STREET ADDRESS 127 SEA ISLAND TERRACE
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE VT
NAME CLERKIN, BRIAN
STREET ADDRESS 141 NW 46TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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CITY-ST-ZIP

☐ Change ☐ 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:

Mark Lafontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

(954) 489-2294

Daytime Phone #

CR2E034 (9/99)