

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091202

1. Entity Name
TRANSMARK, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90008 003 ***550.00

Principal Place of Business
**1221 S.E. 11TH AVENUE
DEERFIELD BEACH FL 33441**

Mailing Address
**1221 S.E. 11TH AVENUE
DEERFIELD BEACH FL 33441**

2. Principal Place of Business
**41 S.E. 9th Street
Suite A.**

3. Mailing Address
**41 S.E. 9th Street
Suite A.**

City & State
DEERFIELD BEACH FL
Zip
33441
Country
U.S.A.

City & State
DEERFIELD BEACH FLORIDA
Zip
33441
Country
U.S.A.

4. FEI Number
65-0956597

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAND, MARK S ESQ.
3440 HOLLYWOOD BOULEVARD
SUITE 450
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
GRAND, MARK S ESQ.
Street Address (P.O. Box Number is Not Acceptable)
**3440 HOLLYWOOD BOULEVARD
Suite 450**
City
Hollywood Florida FL Zip Code
33021

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 authorized to file

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
	D			
	YOUNT, ELIZABETH			
	1221 S.E. 11TH AVENUE			
	DEERFIELD BEACH FL 33441			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/00 954-596-1151

CR2E034 (5/00)