2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091202

1. Entity Name

TRANSMARK, INC.

FILED
01 NOV 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
41 SE 9th St., Suite A Deerfield Beach, FL 33441	41 SE 9th St., Suite A Deerfield Beach, FL 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
41 SE 9th St.,	41 SE 9th St.
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

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	7. Name and Address of New Registered Agent
MARK S. GRAND, ESQ. 3440 Hollywood Boulevard Suite 450 Hollywood, FL 33021	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Yount, Elizabeth 41 SE 9th St., Suite A Deerfield Beach, FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004717803--0 -12/11/01--01010--00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE PRESIDENT~~ ~~JAMES OGDEN~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****150 ☐ Change * ☐ Addition 0.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JAMES OGDEN 3594 COCOLAKE DR. COCONUT CREEK, FL. 33073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004717803--0 -12/11/01--01010--004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	******1 ☐ Change * ☐ Addition 1.50

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: _____ Elizabeth Yount (954) 596-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR