

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91081 001 ***450.00

0467576 AV

DOCUMENT # P99000101940

1. Entity Name

HIGH MARK SENIOR SERVICES, INC.

Principal Place of Business

**500 S FLORIDA AVE. 4TH FLOOR
 LAKELAND FL 33801**

Mailing Address

**500 S FLORIDA AVE. 4TH FLOOR
 LAKELAND FL 33801**

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

59-3610108

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

**SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Peter Munson

Street Address (P.O. Box Number is Not Acceptable)

500 S. FLA Ave

City

**Suite 240
 LAKELAND**

FL

33801

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

Peter Munson

PETER MUNSON

3/14/02

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, 2002 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
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 HART, JOHN
 500 S FLORIDA AVE, 4TH FLOOR
 LAKELAND FL 33801**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 WELLS, MARK
 500 S FLORIDA AVE, 4TH FLOOR
 LAKELAND FL 33801**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPS
 PENNACHIO, JOHN J
 500 S FLORIDA AVE, 4TH FLOOR
 LAKELAND FL 33801**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TAS
 FITTERMAN, BARRY M
 500 S FLORIDA AVE, 4TH FLOOR
 LAKELAND FL 33801**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 JONES, KENNITH
 500 S FLORIDA AVE, 4TH FLOOR
 LAKELAND FL 33801**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 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 R Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

863-284-1181

Daytime Phone #

CR2E034 (9/01)