

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91791 001 ***300.00

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MUNSON, PETER
500 S FLA AVENUE
SUITE 240
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WELLS, MARK	
STREET ADDRESS	500 S FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PENNACHIO, JOHN J	
STREET ADDRESS	500 S FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	FITTERMAN, BARRY M	
STREET ADDRESS	500 S FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, KENNITH	
STREET ADDRESS	500 S FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with another I am empowered.

SIGNATURE: *[Signature]* **BARREY FITTERMAN** 4/24/03 863 284-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)