

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36332

Entity Name

MARK/NICHOLAS, INC.

Principal Place of Business

326 EAST LAKE RD.
PALM HARBOR FL 34685

Mailing Address

326 EAST LAKE RD.
PALM HARBOR FL 34685

2. Principal Place of Business

326 Eastlake Rd.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Zip

34685

Country

Pinellas

Zip

Country

4. FEI Number

65-0262838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, JILL
326 EAST LAKE RD.
PALM HARBOR FL 34685

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.

SIGNATURE

Gale N. Kunderas, President

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 \$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 | P | <input type="checkbox"/> Delete |
| NAME | KUNDERAS, GALE N | |
| STREET ADDRESS | 5008 FORECASTLE DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KUNDERAS, GALE N | |
| STREET ADDRESS | 5008 FORECASTLE DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | TRACY, JILL S | |
| STREET ADDRESS | 10223 WIDGEON WAY | |
| CITY-ST-ZIP | NEW PT RICHEY FL 34654 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100003441481 | |
| STREET ADDRESS | -10/27/00--01007--013 | |
| CITY-ST-ZIP | ****550.00 ****550.00 | |
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

727-787-4436

FILED
CLERK OF STATE
DIVISION OF CORPORATION

00 OCT 18 PM 3:20

21020



DO NOT WRITE IN THIS SPACE

CR2E034 (8/00)