

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47508

1. Entity Name

SOMARK INTERNATIONAL, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90023 027 ***150.00

Principal Place of Business

Mailing Address

6053 CHESTER AVENUE
JACKSONVILLE FL 32217

2484 LOFBERG DRIVE
JACKSONVILLE FL 32216-5228
US

2. Principal Place of Business

6055 Chester Ave

3. Mailing Address

6055 Chester Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32217

Country

Zip

32217

Country

4. FEI Number

59-3097679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, LESLIE
2484 LOFBERG DR
JACKSONVILLE FL 32216

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

Leslie Thompson Leslie Thompson

2/8/00

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, 2000 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 ☐ Delete

NAME THOMPSON, LESLIE RENE
STREET ADDRESS 2484 LOFBERG DR
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME THOMPSON, JOHN MARK
STREET ADDRESS 2484 LOFBERG DR
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete

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CITY-ST-ZIP

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TITLE ☐ Delete

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

Leslie Thompson SIGNED

2/8/00

904-731-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #