

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90076 001 \*\*\*\*\*8.75  
 05-16-2001 90076 002 \*\*\*150.00

**DOCUMENT # S72388**

1. Entity Name  
**DIMARK, INCORPORATED**

Principal Place of Business

Mailing Address

1076 W SR 436  
 STE A  
 ALTAMONTE SPRINGS FL 32714  
 US

1076 W SR 436  
 STE A  
 ALTAMONTE SPRINGS FL 32714  
 US

**43461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1076 W SR 436

1076 W SR 436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

Ste A

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number **59-3086027**

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

ANTHONY, PHIL  
 1076 W SR 436  
 STE A  
 ALTAMONTE SPRINGS FL 32714

Name

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

1076 W. SR 436 Ste A

Altamonte Springs,

City

FL

Zip Code

32714

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 ANTHONY, PHIL  
 1076 W SR 436 STE A  
 ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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☐ Delete

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TITLE  
 NAME  
 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:

*Phil Anthony* *Phil Anthony, Secy* 3/23/2001

407-786-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)