

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90217 020 \*\*\*150.00

**DOCUMENT # S73191**

1. Entity Name

**ROMARK INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**600 BYPASS DR.  
 STE. #215  
 CLEARWATER FL 34624  
 US**

**BOX 2 SITE 208  
 RR2  
 ST ALBERT AL T8N1M  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3095713**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOZMOSKI, JOHN, JR  
 600 BYPASS DR.  
 STE. #215  
 CLEARWATER FL 34624**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SDT</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, ROBERT</b>	
STREET ADDRESS	<b>724 BAYWAY BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL V</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, JEFFERY</b>	
STREET ADDRESS	<b>724 BAYWAY BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>600 BYPASS DRIVE</b>	
CITY-ST-ZIP	<b>STE #215, CLEARWATER 34624</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>600 BYPASS DRIVE</b>	
CITY-ST-ZIP	<b>STE #215, CLEARWATER 34624</b>	
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*  
**SIGNATURE REQUIRED ROBERT DUNN**

Date

**JAN. 19, 2000**

**727-796-0415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-1E034 (9/99)