

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90025 011 ***150.00

044403 AV

DOCUMENT # S89481

1. Entity Name

MARK K. FOWLER, INC.

Principal Place of Business

**10215 3 ST E
 TREASURE ISLAND FL 33706
 US**

Mailing Address

**10215 3 ST E
 TREASURE ISLAND FL 33706
 US**

% BUSINESS SERVICE SYSTEMS.

2. Principal Place of Business

3. Mailing Address

6600 4TH ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

33702

Country

FLORIDA

4. FEI Number

59-3090048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FOWLER, JESSICA
 10215 3RD STREET, EAST
 TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name

MARK FOWLER

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

10215 3 ST EAST

City

TREASURE ISLAND

FL

Zip Code

33706

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 **Mark Fowler** **MARK FOWLER**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	FOWLER, MARK K	
STREET ADDRESS	10215 3 ST E	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, JESSICA	
STREET ADDRESS	10215 3 ST E	
CITY-ST-ZIP	TREASURE ISLAND FL	
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 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	
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	
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:

Mark K. Fowler **MARK FOWLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

727-367-3644

Daytime Phone #

CR2E034 (9/01)