AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:59

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95478

1. Entity Name
HIGH MARK SECURITIES, INC.

Principal Place of Business	Mailing Address
500 S FLORIDA AVENUE STE 400 LAKELAND, FL 33801 US	500 S FLORIDA AVENUE STE 400 LAKELAND, FL 33801 US

1000023962721
10/21/03--01027--027 **61.25

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3098541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNSON, PETER
~~500~~ 1501 S FLORIDA AVENUE ~~STE 400~~
LAKELAND, FL ~~33801~~ 33803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00 After May 1, 2003 Fee will be $550.00 If Amended UBR is $61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BRADACH, KIRK	
STREET ADDRESS	500 S FLORIDA AVENUE STE 400	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	SD	☐ Delete
NAME	MIRANDA, MEG	
STREET ADDRESS	500 S FLORIDA AVENUE STE 400	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	VPD	☐ Delete
NAME	LEHMAN, HEATH	
STREET ADDRESS	500 S FLORIDA AVENUE STE 400	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	TID	☐ Delete
NAME	KENNETH WISEMAN	
STREET ADDRESS	500 SO. FLORIDA AVE. STE. 400	
CITY-ST-ZIP	LAKELAND, FL. 33801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/13/03 863-284-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HEATH LEHMAN Date Daytime Phone #