

AMENDED -

09-18-2002 90063.001 ***245.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02 SEP 24 PM 12:01

DOCUMENT # **698990**

1. Entity Name

ASMARK OF FLORIDA I INC.

DO NOT WRITE IN THIS SPACE

- 99614

2. Principal Place of Business
10108 Industrial Drive

3. Mailing Address
P.O. Box 410747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pineville, NC

City & State
Charlotte, NC

4. FEI Number
59-2114925

Applied For
Not Applicable

Zip
28134

Country
USA

Zip
28241

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Benjamin M. Abdallah

Street Address (P.O. Box Number is Not Acceptable)
6278 Aventura Drive

City
Sarasota **FL** Zip Code
34241

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 **Benjamin M. Abdallah**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairman of the Board
W. Revel Bellamy
10108 Industrial Drive
Pineville, NC 28134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Erika W. Quirk
4140 NW 27th Lane, Ste. F
Gainesville, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President, Secretary
Lee E. Ellison
10108 Industrial Drive
Pineville, NC 28134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **W. Revel Bellamy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

9/24/02
aw