

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90067 029 ***550.00

0085675 AV

DOCUMENT # H78084

1. Entity Name
MARK THURBER CORPORATION



Principal Place of Business 2683 NW 49TH ST BOCA RATON FL 33434 US	Mailing Address 2683 NW 49TH ST BOCA RATON FL 33434 US
--	--

2. Principal Place of Business 9565 New Waterford Cove	3. Mailing Address 9565 New Waterford Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33446	Zip 33446
Country	Country

4. FEI Number 59-2588321	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARK J VOTYPKA
2683 NW 49TH STREET
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name
MARK J VOTYPKA

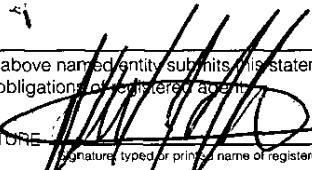
Street Address (P.O. Box Number is Not Acceptable)
9565 New Waterford Cove

City
Delray Beach

State
FL

Zip Code
33446

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, the registered agent.

SIGNATURE:  **PKS**

(NOTE: Registered Agent signature required when reinstating)

DATE: **8/26/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	VDP	<input type="checkbox"/> Delete
NAME	VOTYPKA, MARK	
STREET ADDRESS	2683 NW 49TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	VOTYPKA, MARY JANE	
STREET ADDRESS	2683 NW 49TH ST	
CITY-ST-ZIP	BOCA RATON 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		

11. 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			

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 reports 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, on an attachment with an address, or other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

Date: **8/26/03** Daytime Phone #: **954-698-0422**

CR2E034 (4/03)