

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 015 ***150.00

DOCUMENT # **K39572**

1. Entity Name

Dr. Mark T. Machuga P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

740 N. HASTINGS ST

3. Mailing Address

"Same"

Suite, Apt. #, etc.

ORLANDO,

Suite, Apt. #, etc.

"

City & State

FLORIDA

City & State

"

Zip **32808**

Country

USA

Zip

Country

USA

4. FEI Number

#59-2913988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Dr Mark T. Machuga**

Street Address (P.O. Box Number is Not Acceptable) **740 N. HASTINGS ST**

ORL, FL 32808

City

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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	PIV/T/S/D/SM
NAME	Dr Mark T. Machuga
STREET ADDRESS	740 N. HASTINGS Street
CITY-ST-ZIP	Orlando, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/03 (407) 299-2462

CR2E034B (12/02)