

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 006 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000128218
 1. Entity Name
RICHARD B. MARKS, P.A.



90066345

Principal Place of Business
 3505 OAKS WAY
 SUITE 112
 POMPANO BEACH, FL 33069

Mailing Address
 3505 OAKS WAY
 SUITE 112
 POMPANO BEACH, FL 33069

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number: **47-0898438** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**MAHONEY, ROBERT F
 7777 GLADES ROAD
 SUITE 209
 BOCA RATON, FL 33434**

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: _____ DATE: _____

9. Filing Fee: **FILE NOW! FEE IS \$160.00**
 After May 1, 2003, Filing Fee is \$150.00
 Main Contact: **Rayna M. Pineda, Department of State**

10. Election Campaign Financing
 Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, RICHARD B 3505 OAKS WAY SUITE 112 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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: DATE: _____

CHREC34 (10/02)