2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90015 020 ***150.00

DOCUMENT # P94000093029

1. Entity Name
MARKEY & FOWLER, P.A.

Principal Place of Business	Mailing Address
410 W MERRITT AVENUE MERRITT ISLAND FL 32953 US	P.O. BOX 541081 MERRITT ISLAND FL 32954-1081 US

C0032832

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 Mcleod St.	
Suite, Apt. #, etc.: Merritt Island	Suite, Apt. #, etc.
City & State: FL 32953	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3286556 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARKEY, KEVIN P
410 W MERRITT AVENUE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name: Markey, Kevin P.
Street Address (P.O. Box Number is Not Acceptable): 25 McLeod St.
City: Merritt Island FL Zip Code: 32953

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 [signature] 3/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARKEY, KEVIN P		NAME		
STREET ADDRESS	410 W MERRITT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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

SIGNATURE: [signature] as President Kevin P. Markey 3/6/01 321-453-0547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #