

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 011 \*\*\*150.00

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DOCUMENT # **P99000027815**

1. Entity Name  
**JOHN A. MAKRIS, CPA, PA.**



Principal Place of Business  
**3425 WOOLBRIGHT ROAD  
BOYNTON BEACH FL 33436**

Mailing Address  
**3425 WOOLBRIGHT ROAD  
BOYNTON BEACH FL 33436**

2. Principal Place of Business  
**1903 S. CONGRESS AVE.**

Suite, Apt. #, etc.  
**STE. 350**

City & State  
**BOYNTON BEACH, FL**

Zip  
**33426**

Country  
**U.S.A.**

3. Mailing Address  
**1903 S. CONGRESS AVE.**

Suite, Apt. #, etc.  
**STE. 350**

City & State  
**BOYNTON BEACH, FL**

Zip  
**33426**

Country  
**U.S.A.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0915791**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAKRIS, JOHN A  
20867 CIRPRES WAY  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
**1903 S. CONGRESS AVE.  
STE. 350**  
City **BOYNTON BEACH FL** Zip Code **33426**

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 *John A. Makris*

DATE **4/28/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MAKRIS, JOHN A 20867 CIRPRES WAY BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Makris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN A. MAKRIS**

DATE **4/28/03** DAYTIME PHONE # **561-733-5053**

CR2E034 (10/02)