

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 243394

1. Entity Name

MARKS LANDSCAPE & PAVING CO

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90047 008 ***150.00

Principal Place of Business	Mailing Address
829 BENOIST FARMS ROAD WEST PALM BEACH FL 33411 US	P. O. BOX 15023 WEST PALM BEACH FLA 33416-5023 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-0919254	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MARKS, ROBERT J 6500 WASHINGTON RD W PALM BEACH, FL 33405

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.

SIGNATURE _____ (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, 2000 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	
TITLE	CD <input type="checkbox"/> Delete
NAME	MARKS, ROBERT J.
STREET ADDRESS	6500 WASHINGTON RD
CITY-ST-ZIP	WEST PALM BCH., FL 00000
TITLE	PD <input type="checkbox"/> Delete
NAME	MARKS, RICHARD C.
STREET ADDRESS	3812 BUTTERCUP CIR. SO.
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	STD <input type="checkbox"/> Delete
NAME	MARKS, MARIAN S.
STREET ADDRESS	6500 WASHINGTON RD.
CITY-ST-ZIP	W PALM BCH. 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	

12. 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	

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: Ridwan E. Mohamed APRIL 24 2000 (561) 793-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)