

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90262 009 ***150.00

0509467

DOCUMENT # 243394

1. Entity Name

MARKS LANDSCAPE & PAVING CO

Principal Place of Business

Mailing Address

**829 BENOIST FARMS ROAD
WEST PALM BEACH FL 33411
US****P. O. BOX 15023
WEST PALM BEACH FL 33418-5023
US****A0024642**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0919254**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, ROBERT J
6500 WASHINGTON RD
WEST PALM BEACH FL 33405**

Name

Richard C. Marks

Street Address (P.O. Box Number is Not Acceptable)

829 Benoist Farms Road

City

West Palm Beach**FL**

Zip Code

33411

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 **Richard C. Marks, President****2/14/01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CD			
	MARKS, ROBERT J.	6500 WASHINGTON RD	WEST PALM BCH. FL 00000	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

	PD			
	MARKS, RICHARD C.	3812 BUTTERCUP CIR. SO.	PALM BEACH GARDENS FL	

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	STD			
	MARKS, MARIAN S.	6500 WASHINGTON RD.	W PALM BCH. FL	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

(561) 793-1855

Daytime Phone #

CR2E034 (10/00)