

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 534007

1. Entity Name

MARKISEN SERVICE CENTERS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90068 038 ***150.00

Principal Place of Business

806 NORTH LAKE BLVD.
NORTH PALM BCH FL 33408

Mailing Address

806 NORTH LAKE BLVD.
NORTH PALM BCH FL 33408-5210

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 **59-1750033**

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

MARKISEN, ERIC
806 NORTH LAKE BLVD.
NORTH PALM BCH FL

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

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, 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	D	<input type="checkbox"/> Delete
NAME	MARKISEN, PHYLISS L	
STREET ADDRESS	1202B PINECREST	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKISEN, RUSSELL G.	
STREET ADDRESS	1202B PINECREST	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARKISEN, ERIC R	
STREET ADDRESS	18 COMMODORE PL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, LISA	
STREET ADDRESS	1202B PINECREST	
CITY-ST-ZIP	JUPITER FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MARKISEN, RUSSELL G.	
STREET ADDRESS	1202B PINECREST CIR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MARKISEN, ERIC R.	
STREET ADDRESS	18 COMMODORE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKISEN, CATHERINE R.	
STREET ADDRESS	18 COMMODORE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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:

Eric R. Markisen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2000 (561) 845-2855