2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

534007 **DOCUMENT #**

1. Entity Name

MARKISEN SERVICE CENTERS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90196 043 ***150.00



NAME MARKISEN, PHYLISS L STREET ADDRESS CITY-ST-ZIP JUPITER FL STREET ADDRESS CITY-ST-ZIP TITIS	806 NORTH I	ce of Business LAKE BLVD. 1 BCH FL 33408	Mailing Address 806 NORTH LAKE BLVI NORTH PALM BCH FL	-						
City & State Ci	2. Principal	Place of Business	3. Mailing Address						Bioli Chail (48)	
Typ Country Zo Country S. Carificate of Status Dealer Section	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
So Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name Name Strees: Address (P.O. Sox Number is Not Acceptable) City FL City	City & Sta	te	City & State			4. F	1 2971/201133			
MARKISEN, ERIC 80 NORTH PAÏM BCH FL ***THE NOW!!! FEE IS \$150.00 **MARKISEN, PHYLISS L 1028 PRINCERST UNY-ST-2P UNY	Zip	Country Zip			Country 5		Dertificate of Status Desired	\$8.75 Ac	Iditional	
MARKISEN, ERIC 806 NORTH LAKE BLVD. NORTH PALM BCH FL City FL Zip Codo City FL Zip Co	6. Name and Address of Current Registered Agent					7. ⁻ N	lame and Address of New Regis	stered Agent		
BOS NORTH LAKE BLVD. NORTH PALM BCH FL STORY DATE OR THE BOD OF NORTH AND A CONTROL OF THE PUMPOSE of changing like registered agent. SIGNATURE SIGNATU	1				Name			-	7	
NORTH PALM BCH FL City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its rog stered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Fiorida Department of State 10.				Street Address			(P.O. Box Number is Not Acceptable)			
S. 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 familier with, and accept the obligations of registered agent. Signature File Now!!! FEE is \$150.00	•			ļ						
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	NUKIH P	ALM BCH FL								
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE D CHANGE MARKISEN, PHYLISS L 1002B PINECREST JUPITER FL TITLE D COK, ISSA CITY-ST-2P TITLE SD COMMODORE PL CITY-ST-2P TITLE STREET ADDRESS C					•			┌┕╎	ľ	
Signature, hybrid or private name of impressed appert and silled applicable. (NOTE: Replaterus deputed depote signature required when re-reseating) STEELE IS \$150.00 May Be Added to Fees	8. The above the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing	its registere	d office or r	registered age	ent, or both, in the State of Florida	. I am familiar with	and accept	
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Added to Fees 10.	SIGNATURE		and title if applicable. (Ne	OTE: Registered	Agent signatur	e required when rei	nstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	\$ IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE COOK, LISA 1202B PINECREST JUPITER FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MARKISEN, PHYLISS L 1202B PINECREST	☐ Delete	NAME STREE	TADDRESS			☐ Change	Addition	
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	NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET				☐ Change	Addition	

I hereby certify that the information supplied with this filling 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: 4

EQUIERIO R MARKISEN