FILED

Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90199 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

654131 **DOCUMENT #**

1. Entity Name

MARKS INSURANCE AGENCY, INC.

						WE TO	/			
Principal Place of Business 61 AVENUE E P.O. BOX 129 APALACHICOLA FL 32320			PO BOX	Mailing Address PO BOX 129 APALACHICOLA FL 32329-0129				. I RELIJĀ BIJĀ! BUJU AURBU (VARS KIJA) (Jā) SVĀĪJ		
	.		· ·	,						
2. Principal Place of Business 3. Mailing Address					2					
Suite, Apt	. #, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City &	City & State			4. 1	FEI Number 59-1963314	<u> </u>	pplied For at Applicable	
Zip Country			Zip		Country		5. (Certificate of Status Desired	\$8.75 Add	ditional
	6. Name	and Address of Curr	ent Registered	Agent			7. I	Name and Address of New Registered	Agent	
						Name		, mean or the grant of the gran		
MARKS, C A III 61 AVENUE E						Street Address (P.O. Box Number is Not Acceptable)				
APALACHICOLA FL 32320										
						City		FL	Zip Cod	e
8. The above the obliga SIGNATURE	tions of registe	submits this statement agent.				d office or regis	<u>.</u>	ent, or both, in the State of Fiorida. I am	familiar with,	and accept
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. [\$5.0 Added	O May Be to Fees
10. OFFICERS AND DIRECTORS 11							AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, C A III 61 AVE E APALACHICOLA FL			☐ Delete	ete TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARKS, NI 61 AVE E APALACHIO		, ···V.	□ Delete	TITLE NAME STREE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		edgggenine.	* _ *	_ Delete	TITLE NAME STREE	T ADDRESS	ېږي - پېمنېد		Change	Addition

12. 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.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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