

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35317

1. Entity Name
ELLIS MARKS INSURANCE, INC.

R f

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90001 005 ***150.00

Principal Place of Business
7748 GRANVILLE DR
TAMARAC FL 33321
US

Mailing Address
7748 GRANVILLE DR
FORT LAUDERDALE FL 33321
US

80076433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2099081

Applied For

Not Applicable

Zip

Country

Zip

Country

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, FLORINE BAHR
7748 GRANVILLE DR
TAMARAC FL 33321

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DV MARKS, FLORINE 7748 GRANVILLE DR TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARKS, ELLIS M 7748 GRANVILLE DR TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

7-8-2000

954-748-4711

Date

Daytime Phone

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F35317

1. Corporation Name
ELLIS MARKS INSURANCE, INC.

Principal Place of Business

ELLIS M MARKS
BLVD.
FL 33319

Mailing Address

C/O FLORINE BAHR MARKS
3910 INVERRARY BLVD.
LAUDERDALE FL 33319
US

Attachment

40072295



DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
05/19/1981

4. FEI Number
59-2099081

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
7748 GRANVILLE DR.
City & State
TAMARAC FL
Zip
33321

2a. Mailing Address
7748 GRANVILLE DR.
City & State
TAMARAC FL
Zip
33321

9. Name and Address of Current Registered Agent
MARKS, FLORINE BAHR
3910 INVERRARY BLVD.
FT LAUDERDALE, FL
33319

81. Name
FLORINE BAHR MARKS

82. Street Address (P.O. Box Number is Not Acceptable)
7748 GRANVILLE DR.

83.

84. City
TAMARAC FL 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	OV	MARKS, FLORINE	DELETE
NAME			
STREET ADDRESS		3910 INVERRARY BLVD.	
CITY-ST-ZIP		FT LAUDERDALE, FL 00000	
TITLE	DP	MARKS, ELLIS M	DELETE
NAME			
STREET ADDRESS		3910 INVERRARY BLVD.	
CITY-ST-ZIP		FT LAUDERDALE, FL 00000	
TITLE			DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	Change	Add
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
15. TITLE	Change	Add
16. NAME		
17. STREET ADDRESS		
18. CITY-ST-ZIP		
19. TITLE	Change	Add
20. NAME		
21. STREET ADDRESS		
22. CITY-ST-ZIP		
23. TITLE	Change	Add
24. NAME		
25. STREET ADDRESS		
26. CITY-ST-ZIP		
27. TITLE	Change	Add
28. NAME		
29. STREET ADDRESS		
30. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered

SIGNATURE: *Ellis M. Marks*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-20-99 954-748-4711
Date Daytime Phone

CR2E034 (1/98)

Attachment
F35317

A00-12245
Doc # ~~12245~~
118

Ellis Marks Insurance, Inc.

P.O. Box 25457
Ft. Lauderdale, FL 33320

(305) 748-4711

July 8, 2000

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I just received your second notice for the 2000 Uniform Business Report. However, I never received the original notice. Had I received it, I would have promptly signed it and sent it back as I have been doing since 1981.

Since my wife and I are the only active members of the corporation, we are the only ones that handle the mail. In addition I keep photostatic copies of the state forms that are returned to you. In checking my state file, the last copy returned to you was in 1999, which I am enclosing.

Under these unfortunate circumstances, I do not feel I am liable for the late fee. I am enclosing the statement I just received, as this is the only one I have.

Thank you for your cooperation and understanding in this matter.

Sincerely,



Ellis M. Marks