2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # F35317** Aug 10, 2000 8:00 am Secretary of State 1. Entity Name ELLIS MARKS INSURANCE, INC. 08-10-2000 90001 005 ***150.00 Principal Place of Business Mailing Address 7748 GRANVILLE DR 7748 GRANVILLE DR TAMARAC FL 33321 FORT LAUDERDALE FL 33321 US **NUUIGAATI** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2099081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS, FLORINE BAHR --Street Address (P.O. Box Number is Not Acceptable) 7748 GRANVILLE DR TAMARAC FL 33321 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. .i. 2. (i.A'G) ☐ Change ☐ Addition Delete TITLE NAME MARKS, FLORINE NAME STREET ADDRESS STREET ADDRESS 7748 GRANVILLE DR CITY-ST-ZIP CITY-ST-ZIF TAMARAC FL 33321 ☐ Addition ☐ Change ☐ Delete MLE NAME MARKS, ELLIS M MALIE STREET ADDRESS STREET ADDRESS 7748 GRANVILLE DR CITY-ST-ZIP CiTY-ST-ZIP TAMARAC FL 33321 Addition ☐ Change DNE Deleta NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip__ CITY-ST-ZIP ☐ Addition Defete TITLE गा।€ NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 trusted 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 all other like empowered.

SIGNATURE:

WULLE AND TYPES OF PRINTED HAVE OF BRIGHING SPECER OF DIRECTOR

7-8-2002

954-248-4711

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SIGNATURE: SONATURE AND THE CON PROPERTY MANY OF BUSINESS

AHACHMONT DE # 1956 F35317 Dec # 1966 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,

Hills, M., Marks