

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 043 ***150.00

DOCUMENT # F35317

1. Entity Name

ELLIS MARKS INSURANCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7748 GRANVILLE DR.

Suite, Apt. #, etc.

3. Mailing Address

7748 GRANVILLE DR.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

4. FEI Number

59-2099081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ELLIS M. MARKS

Street Address (P.O. Box Number is Not Acceptable)

7748 GRANVILLE DR.

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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

ELLIS M. MARKS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DY
NAME MARKS, FLORINE
STREET ADDRESS 7748 GRANVILLE DR.
CITY-ST-ZIP TAMARAC, FL 33321

TITLE DP
NAME MARKS, ELLIS M.
STREET ADDRESS 7748 GRANVILLE DR.
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ELLIS M. MARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

954-748-4711

Daytime Phone #

CR2E034B (12/01)