

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

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90062 034 ***550.00

DOCUMENT # *F99000003318*

1. Entity Name

FOOT-O-GRAPH DELAWARE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8890 W OAKLAND PARK BLVD

3. Mailing Address
8890 W OAKLAND PARK BLVD

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number
65-0895448

Applied For
Not Applicable

Zip
33351

Country
BROWARD

Zip
33351

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *JEFFREY I MARCUS*

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

8890 W OAKLAND PARD BLVD #202

City *SUNRISE*

FL

Zip Code
33351

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) ☒

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
JEFFREY I MARCUS
8890 W OAKLAND PARK BLVD # 202
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)