[redacted]
06-30-2003 90063 026 ***150.00
P99000003318

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 21 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800127054

DOCUMENT # F99000003318 (L)

1. Entity Name
FOOT-O-GRAPH DELAWARE INC

DO NOT WRITE IN THIS SPACE

700021783447
07/25/03--01019--001 **400.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8890 W OAKLAND PK BLVD	8890 W OAKLAND PK BLVD
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State SUNRISE, FL 33351	City & State SUNRISE, FL 33351
Zip 33351 Country BROWARD	Zip 33351 Country BROWARD

4. FEI Number 65-0895448 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JEFFREY I MARCUS

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

8890 W OAKLAND PK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee $150.00
After May 1 Fee $400.00
Amended UBR $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey I Marcus 6/25/03 954 747-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 7/22