

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90080 031 \*\*\*150.00

**DOCUMENT # J26558**

1. Entity Name  
**MAROTH ASSOCIATES, INC.**



Principal Place of Business  
**% MICHAEL P. FLANAGAN**  
**767 N.W. 6TH DR.**  
**BOCA RATON FL 33486**

Mailing Address  
**% MICHAEL P. FLANAGAN**  
**767 N.W. 6TH DR.**  
**BOCA RATON FL 33486**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2733383**

Applied For  
Not Applicable

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

**FLANAGAN, MICHAEL P.**  
**767 N.W. 6TH DR.**  
**BOCA RATON FL 33486**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS FLANAGAN**  
**FLANGER, MICHAEL P**  
**767 N W 6TH DRIVE**  
**BOCA RATON FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MAROTH, SYBIL**  
**371 SW 8TH ST., APT 1BW**  
**BOCA RATON FL**

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TITLE  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**COSTA, JOSEPH**  
**6562 BOCA DEL MAR DRIVE #721**  
**BOCA RATON FL 33433**

☐ Delete

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CITY-ST-ZIP  
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TITLE  
NAME  
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CITY-ST-ZIP  
**D**  
**MERHIGE, GREG**  
**6941 S.E. LILLIAN COURT**  
**STUART FL 34997**

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael P. Flanagan* **Michael P. Flanagan** **3/15/03** **561-391-9480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)