

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90077 034 ***150.00

0020171 AV

DOCUMENT # K10285

1. Entity Name
MARLOWE J. BLAKE, P.A.



Principal Place of Business
**520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009
US**

Mailing Address
**520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2876146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKE, MARLOWE J
520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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
**P/D
BLAKE, MARLOWE J
520 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03 305-670-3349

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

80141267

R10285

MARLOWE JAY BLAKE, P.A.
ATTORNEY AT LAW

520 WEST HALLANDALE BEACH BLVD
HALLANDALE, FLORIDA 33009

TELEPHONE: (305) 670-3379
FACSIMILE: (305) 670-3380

August 22, 2003

Florida Department of State
Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

RE: UBR Fee

To whom it may concern:

Enclosed is a check for \$150.00 to file my UBR. The corporation requests that the late fee of \$400.00 be waived as the corporation did not receive the prior notice.

Very truly yours,
Marlowe J. Blake, P.A.


By: Marlowe J. Blake, President