

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90834 018 ***150.00

DOCUMENT # L12260

1. Entity Name

RICHARD MARROTTE, O.D., P.A.

Principal Place of Business

Mailing Address

DR. RICHARD MARROTTE
143 N. PAUERLINE RD
DEERFIELD BCH FL 33442
US

C/O DR RICHARD MARROTTE
119 N. POWERLINE RD.
DEERFIELD BEACH FL 33442
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Dr Richard Marrotte
Suite, Apt. #, etc.
10229 Lexington Ests. Blvd.

90 Dr Richard Marrotte
Suite, Apt. #, etc.
10229 Lexington Ests. Blvd.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip **33428** Country **USA**

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4. FEI Number **65-0143537**

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

MARROTTE, RICHARD
143 N POWERLINE RD
DEERFIELD BEACH FL 33442

Name **Marrotte, Richard**
Street Address (P.O. Box Number is Not Acceptable)
10229 Lexington Ests. Blvd.
City **Boca Raton** FL Zip Code **33428**

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's 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARROTTE, RICHARD 10229 LEXINGTON ESTS BLVD BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)