## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # L 6 1856  1. Entity Name ROJGRT W. MARCUS, INC.			05-01-2002 915	660 043 ***150.00
DO NOT WRITE		PACE		
2. Principal Place of Business  1607 - 200 ST. S.E.  Suite, Apt. #, etc.	S.E. 3. Mailing Address 1607 - 2nd ST. S. E. Suite, Apt. #, etc.		do not write in this	SPACE .
City & State RUSKIN FL.	City & State RUSICIN FL.		4. FEI Number 65-0184315	Applied For Not Applicable
33570 " COSA	33570	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Street Address		7. Name and Address of Current Registered Agent  13. LIPSON FCO.  P.O. Box Number is Not Acceptable)		
		· · · · · · · · · · · · · · · · · · ·		Zip Code
8. The above named entity submits this statement for	the autoco of changing its	City CORAL .		- 33071
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature required by 1 Fee is \$150.00		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Fee is \$550.00  ax filing requirement and elects to do so.  See criteria on back)  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of Sta		1	\$5.00 May Be Added to Fees
11. OFFICERS AND		TITLE		8
NAME STREET ADDRESS CITY-ST-ZIP RUSKIN, FR. 335	70	NAME STREET ADDRESS CITY-ST-ZIP		CRZE0348 (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		88
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	DO NOT WO	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WR	
NAME		TITLE NAME	IN THIS SPA	CE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-2IP		And the second
TITLE		TITLE		
NAME Street address		STREET ADDRESS		and the second s
CITY-ST-ZIP TITLE		CIFY-ST-ZIP TITLE		No.
NAME .		NAME		C
STREET ADDRESS CITY-ST-2IP	<u> </u>	STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filling 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: ROSERT W. MARCUS PRES. 16 ARR 0.2 813-641-1784				
			Date	Cautime Phone &