## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # M95578** 1. Entity Name MARK ESCOFFERY, P.A. 04-26-2001 90094 035 \*\*\*150.00 Principal Place of Business Mailing Address 4241A NORTHLAKE BLVD 4241A NORTHLAKE BLVD PALM BCH GSN FL 33410 PALM BCH GNDS FL 33410 PRETENDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0069490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESCOFFERY, MARK A. H. Street Address (P.O. Box Number is Not Acceptable) 4241A NORTHLAKE BLVD PALM BCH GDNS FL 33410 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registereo agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Etection Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPV TITLE ☐ Defete TITLE Change Addition NAME ESCOFFERY, MARK A. H. NAME STREET ADDRESS 4857 FOXWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CiTY-ST-7IP TITLE Delete TITLE Change ☐ Addition ESCOFFERY, MARK A. H. NAME NAME STREET ADDRESS 4857 FOXWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP

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

Daytime Phone #