

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90059 002 \*\*\*150.00

**DOCUMENT # M99121**

1. Entity Name  
**LAWRENCE J. MARCHBANKS, P.A.**

Principal Place of Business <b>4710 N.W. BOCA RATON BLVD          STE. 203          BOCA RATON FL 33431          US</b>	Mailing Address <b>4710 N.W. BOCA RATON BLVD          STE. 203          BOCA RATON FL 33431-4861          US</b>
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2. Principal Place of Business <b>110 Cleveland Ave.</b>	3. Mailing Address <b>110 Cleveland Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Wildwood, FL. 34785</b>	City & State <b>Wildwood, FL</b>
Zip <b>34785</b>	Zip <b>34785</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

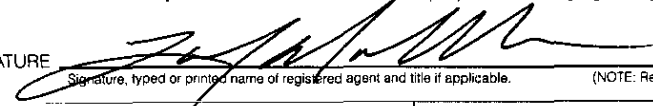
4. FEI Number **65-0069895** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARCHBANKS, LAWRENCE J.  
 4710 N.W. BOCA RATON BLVD  
 STE. 203  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name **Address Change Only**  
 Street Address (P.O. Box Number is Not Acceptable)  
**110 Cleveland Ave.**  
 City **Wildwood, FL.** FL Zip Code **34785**

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  DATE **3/5/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>MARCHBANKS, LAWRENCE J.</b>	
STREET ADDRESS <b>4710 N.W. BOCA RATON BLVD, STE. 203</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>KILLACKEY, BARBARA J.</b>	
STREET ADDRESS <b>4710 N.W. BOCA RATON BLVD, STE. 203</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>110 Cleveland Ave.</b>	
CITY-ST-ZIP <b>Wildwood, FL. 34785</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **3/5/00** 352-748-5888  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE