

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99121

1. Entity Name

LAWRENCE J. MARCHBANKS, P.A.

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

03-14-2000 90059 002 ***150.00

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

City & State Wildwood, FL. 34785	City & State Wildwood, FL
Zip 34785	Zip 34785
Country U.S.	Country U.S.

4. FEI Number 65-0069895	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 *[Signature]* 3/5/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCHBANKS, LAWRENCE J. 4710 N.W. BOCA RATON BLVD, STE. 203 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>110 Cleveland Ave.</i> <i>Wildwood, FL. 34785</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLACKEY, BARBARA J. 4710 N.W. BOCA RATON BLVD, STE. 203 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 3/5/00 352-748-5888
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)