

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067527

1. Entity Name
MARTIN P. MARCUS, D.C., P.A.

Principal Place of Business Mailing Address
6822-22ND AVE. NORTH 6822-22ND AVE. NORTH
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

2. Principal Place of Business 3. Mailing Address
1811 DR. M.L. KING ST. N. 6822 22nd AVE. N.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1811 152
City & State City & State
ST. PETERSBURG, FL ST. PETERSBURG FL
Zip Country Zip Country
FL 33704 U.S. 33710 US

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90014 019 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655725 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
LOVELACE, WILLIAM K ESQ. Name
401 S. LINCOLN AVE. Street Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 33756 City FL Zip Code

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]* DATE *9-7-01*
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. ☐ FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	TITLE	
NAME	MARCUS, MARTIN P	NAME	
STREET ADDRESS	6822-22ND AVE. NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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]* 9-7-01 (727) 896-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0080422 AV

CR2034 (5/01)