

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000117182

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SHERRIE L. MARKS, P.A.

Current Principal Place of Business:

5844 PEREGRINE AVE.
ORLANDO, FL 32819

New Principal Place of Business:

3786 YOTHERS RD.
APOPKA, FL 32712

Current Mailing Address:

625 JAY ST.
OCOE, FL 34761

New Mailing Address:

P.O. BOX 440
OCOE, FL 34761

FEI Number: 59-3685914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, SHERRIE L
5844 PEREGRINE AVE.
ORLANDO, FL 32819

Name and Address of New Registered Agent:

MARKS, SHERRIE L
3786 YOTHERS RD.
APOPKA, FL 32712

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:

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARKS, SHERRIE L
Address: 5844 PEREGRINE AVE.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARKS, SHERRIE L
Address: 3786 YOTHERS RD.
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRIE L. MARKS

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

Date