

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000013988

1. Entity Name

MARKS BROTHERS BOAT REPAIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
608 LAKE ASBURY DRIVE

Suite, Apt. #, etc.

3. Mailing Address
608 LAKE ASBURY DRIVE

Suite, Apt. #, etc.

City & State
GREEN COVE SPRINGS, FL

City & State
GREEN COVE SPRINGS, FL

Zip
32043

Country

Zip
32043

Country

4. FEI Number

59-3706933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARKS, RANDY L

Street Address (P.O. Box Number is Not Acceptable)
608 LAKE ASBURY DRIVE

City

GREEN COVE SPRINGS

FL

Zip Code
32043

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MARKS, RANDY L	608 LAKE ASBURY DRIVE	GREEN COVE SPRINGS FL 32043
STD	MARKS, CAROL C	608 LAKE ASBURY DRIVE	GREEN COVE SPRINGS FL 32043

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol C. Marks

4/29/02

Date

Daytime Phone #