

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91390 017 ***150.00

DOCUMENT # P01000017668

1. Entity Name
MARKIV INC.

Principal Place of Business
108 E. CENTRAL BLVD.
CAPE CANAVERAL FL 32920

Mailing Address
108 E. CENTRAL BLVD.
CAPE CANAVERAL FL 32920

2. Principal Place of Business
142 Woodbury Pines Cir
 Suite, Apt. #, etc.

3. Mailing Address
142 Woodbury Pines Cir
 Suite, Apt. #, etc.

City & State
Orlando FL
Zip
32828
Country
USA

City & State
Orlando FL
Zip
32828
Country
USA

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent

PATEL, VIKRAM
108 E. CENTRAL BLVD.
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATEL, VIKRAM | | | NAME | | | |
| STREET ADDRESS | 108 E. CENTRAL BLVD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATEL, SARJU | | | NAME | | | |
| STREET ADDRESS | 108 E. CENTRAL BLVD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATEL, SAROJ | | | NAME | | | |
| STREET ADDRESS | 108 E. CENTRAL BLVD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATEL, HARSHAD | | | NAME | | | |
| STREET ADDRESS | 108 E. CENTRAL BLVD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2002

Date

407-273-2057

Daytime Phone #

CR2E034 (9/01)