

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000043137

1. Entity Name
THE MARKHAM GROUP, INC.



FILED

04 APR 27 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5420 COMMUNITY CIR
JACKSONVILLE FL 32207

Mailing Address
5420 COMMUNITY CIR
JACKSONVILLE FL 32207



2. Principal Place of Business
4355 St. Albans Dr.
Suite, Apt. #, etc.

3. Mailing Address
4355 St. Albans Dr.
Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number 52-2323627

Applied For
Not Applicable

Zip 32257

Country USA

Zip 32257

Country USA

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

6. Name and Address of Current Registered Agent

MARKHAM, ELSIE
5420 COMMUNITY CIR
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Elsie Markham
Street Address (P.O. Box Number is Not Acceptable)
4355 St. Albans Drive
Jacksonville, FL
City Jacksonville, FL Zip Code 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elsie Markham DATE 4/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARKHAM, ELSIE
STREET ADDRESS 5420 COMMUNITY CIR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P
NAME MARKHAM, TOM
STREET ADDRESS 5420 COMMUNITY CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas H. Markham

11/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)